



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
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Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract Number DTNH22-94-D-27058
Case Number DSI-95-SP-024

1995

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: DSI-95-SP-024

This collision occurred on an early winter weekday. At the point of impact, the roadway is a four-leg, concrete intersection which is straight and level and is controlled by a stop sign for east/west traffic.

Vehicle 1, the case vehicle, was a 1987 Plymouth Voyager (SE), driven by a 40 year old male. According to the driver, Vehicle 1 was westbound approaching the intersection at approximately 32 KPH (20 MPH) and beginning to brake for the stop sign.

Vehicle 2, a 1995 Saturn driven by a 20 year old male, was traveling northbound approaching the same intersection at approximately 64 KPH (40 MPH).

The driver attempted to stop Vehicle 1, but according to the driver the brakes failed. Vehicle 1 slowed, however, and entered the intersection directly into the path of Vehicle 2. The driver of Vehicle 1 realized that Vehicle 2 was going to collide with him, he accelerated Vehicle 1 in an attempt to avoid the collision. The driver of Vehicle 2 attempted to avoid the collision by braking and steering to the left, but the front of Vehicle 2 struck the left rear of Vehicle 1.

The impact pushed Vehicle 1 into a counterclockwise rotation, and the left rear rubber bumper guard pushed on the left corner of the liftgate. This caused the liftgate to move up and laterally to the right. The latch moved from the latching post and the rear liftgate opened. At the same time, the rear seat latching anchors released the rear seat. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown towards the left side of Vehicle 1. As Vehicle 1 came to a stop at final rest, the rear liftgate had swung fully open. The rear seat along with both rear occupants fell out onto the roadway.

Vehicle 1 rotated counterclockwise 180 degrees from its original heading, and came to final rest, facing west. The PDOF for this impact is estimated to have been 280 degrees with a CDC of 09LBEW2.

After impact, Vehicle 2 continued in a counterclockwise rotation and headed west. Vehicle 2 rotated approximately 100 degrees and came to final rest, facing west.

There were a total of six occupants in Vehicle 1 as shown in Figure 1 .

The driver of Vehicle 1 was wearing the available manual lap/shoulder restraint. He complained of pain to his left knee from striking the instrument panel.

The right front occupant of Vehicle 1, a fifteen year old male, was wearing the available manual lap/shoulder restraint. He did not sustain any injuries.

The left center occupant of Vehicle 1, a four year old male was restrained in the child seat that is integrated into the bench seat. He sustained a bruise to his forehead, possibly from contact with the unrestrained occupant seated to his right.

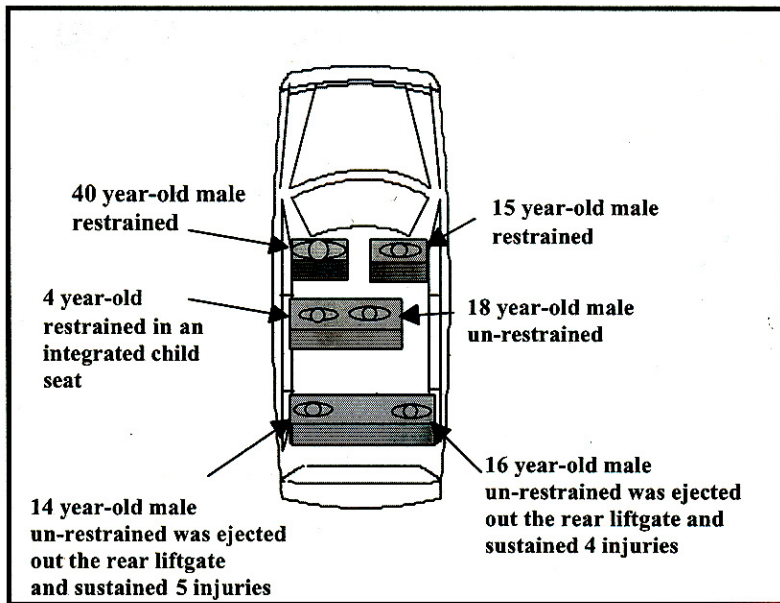


Figure 1. Vehicle 1 Occupant Seating Positions

The right center occupant of Vehicle 1, an eighteen year old male was not restrained. He did not sustain any injuries.

The left rear occupant of Vehicle 1, a fourteen year old male, was not wearing the available lap restraint. The impact forces moved the left rear occupant into the left rear side window. He struck it with his head and shattered it on impact. The counterclockwise rotational forces, and the rear seat unlatching threw him about the left rear interior of the vehicle. When the rear liftgate opened, and the latches on the rear seat released, the left rear occupant was ejected out onto the roadway along with the seat. This action resulted in a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion to the left knee; maximum AIS =1.

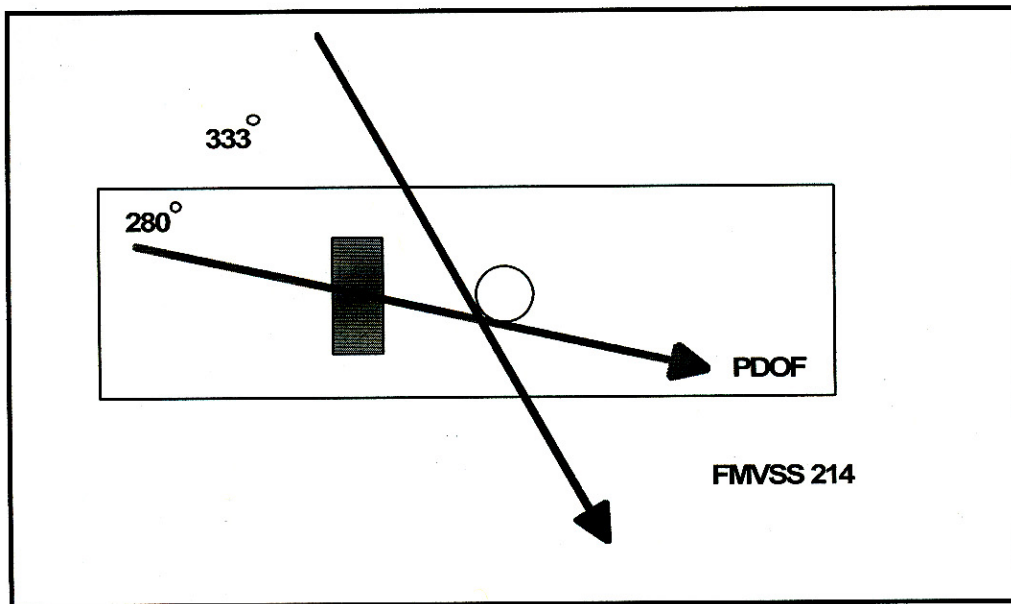
The right rear occupant of Vehicle 1, a sixteen year old male, was not wearing the available lap restraint. When the rear liftgate opened, the right rear occupant was ejected out onto the roadway along with the seat. The following injuries resulted: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder; maximum AIS=1.

Both vehicles were towed from the scene. Vehicle 1 was towed as a result of the possible brake failure, the driver did not feel that it was safe to continue driving Vehicle 1. The PAR indicated no defects to the vehicle.

Upon inspection of the case vehicle, it was found that Vehicle 1 sustained minor damage to the left rear corner, including the corner of the rear bumper. The liftgate did not sustain any direct contact damage, and it did not buckle. It was contacted by the left rear rubber bumper guard, and it pushed the liftgate laterally to the right.

It is the opinion of the investigator that the left rear bumper corner was deformed on impact. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to move from the post and the rear liftgate opened. As Vehicle 1 was in the counterclockwise rotation the liftgate swung open. This coupled with the failure of the seat latching anchors, caused the rear seat and both rear occupants to be ejected through the rear liftgate area when Vehicle 1 came to a stop at final rest.

The following diagram describes the forces which acted upon the latching mechanism on the rear liftgate during the collision as compared to forces which act on the liftgate during FMVSS 214 testing.



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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-SP-024

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ACCIDENT DATA:

Location:
Area/Type: Urban/Commercial
Date/Time: Winter Weekday/Early evening
Accident Type: Car/Van Angle-Intersection

INJURY SEVERITY:

Vehicle 1:
Driver, None
R/F Occupant, None
L/Center Occupant, AIS-1
R/Center Occupant, None
L/R Occupant, AIS-1
(case occupant)
R/R Occupant, AIS-1
(case occupant)

AMBIENCE:

Viewing Conditions: Early evening, dark with no viewing restrictions
Cloud Cover: Clear
Precipitation: None
Temperature: Unknown
Road Surface: Dry

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	2-Lane, undivided	2-Lane, undivided
Width:	6.4 m (21 ft)	6.7 m (22 ft)
Traffic Density:	Moderate	Moderate
Median:	None	None
Edge:	Grass downward sloped	Grass downward sloped
Surface:	Concrete	Concrete
Reported Defects:	None	None
Co-efficient of Friction (est.):	0.65	0.65
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

TRAFFIC CONTROLS:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	Standard stop sign	None
Speed Limit:	64 KPH (40 MPH)	64 KPH (40 MPH)
Markings:	Double solid yellow lines separates east and west opposing traffic lanes.	Double solid yellow lines separates north and southbound opposing traffic lanes. Solid white edge lines.

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1987 Plymouth Voyager (SE)	1995 Saturn, per V.I.N.
Odometer:	223,752 km (139,037 mi)	Unknown - not inspected
Engine:	3.0 L	1.9 L / L4, per V.I.N.
Vehicle Modifications:	None	Unknown - not inspected
Tire Condition:	Excellent tread, no unusual thread pattern	Unknown - not inspected
Manual Restraints:	3-point lap/shoulder restraints at L/F, R/F front seat positions. 2-point lap restraint at L/C seating position, R/C seating position 2-point lap restraint removed. Center bench seat has available an integrated 5-point harness child seat. R/R, C/R, L/R 2-point lap restraints.	Unknown - not inspected
Automatic Restraints:	None	Supplemental Restraint System (Driver's side air bag), per V.I.N.
Reported Defects:	None	None
Cargo:	None	Unknown - not inspected
Windshield Damage:	None	Unknown - not inspected
Fleet:	None	None

Tow Status:

Towed due to perceived
brake failure by driver of
Vehicle 1

Towed due to damage

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	09LBEW2	Unknown - not inspected
Maximum Crush:	CDC crush extent zone 2	Unknown - not inspected

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed (estimated):	32 KPH (20 MPH) per police	64 KPH (40 MPH) per police
Total Delta V:	5 KPH (3 MPH)	5 KPH (3 MPH)
Longitudinal Delta V:	-1 KPH (-1 MPH)	-4 KPH (-2 MPH)
Lateral Delta V:	5 KPH (3 MPH)	-2 KPH (-2 MPH)
Energy Dissipation:	1887.6 NT-M 1392.4 FT-LBS	3885.1 NT-M 2865.8 FT-LBS

Calculations based upon: The Delta V(s) (velocity changes) were computed by the missing vehicle algorithm, OLDMISS PC program.

COLLISION SEQUENCE:

Pre-Crash:

This two vehicle angle type collision occurred during the early evening hours of a winter weekday at a four-leg intersection. The roadway is an asphalt, straight and level surface in an urban/commercial zone. The weather was clear, there were no weather related viewing restrictions and the road surface was dry and free of defects. The traffic density is moderate and the posted speed limit was 64 KPH (40 MPH). The intersection is controlled by standard stop signs for east and westbound traffic.

The north travel lane is separated by double painted yellow lines from the south travel lane, and is 6.7 m (22 ft) in width. The north and south roadway has an estimated coefficient of friction of 0.65. The travel lanes for east and west traffic measures 6.4 m (21 ft) in width and consist of 1 eastbound travel lane separated by double painted yellow lines from 1 westbound travel lane. The east and west roadway has an estimated coefficient of friction of 0.65.

Vehicle 1, the case vehicle, a 1994 Plymouth Voyager (SE), driven by a 40 year old male was travelling westbound approaching the intersection. At a police reported speed of 32 KPH (20 MPH), the vehicle was beginning to brake for the stop at the intersection.

Vehicle 2, a 1995 (per the V.I.N.) Saturn, driven by a 20 year old male was travelling northbound approaching the intersection. At a police reported speed of 64 KPH (40 MPH).

The driver of Vehicle 1 stated that he applied the brakes to stop, and although Vehicle 1 began to decelerate, it was not braking in a normal fashion. The driver of Vehicle 1 realized that his brakes were failing and he was about to attempt to engage the emergency brake lever, when he realized that he was almost in the middle of the intersection and that Vehicle 2 was rapidly approaching him. The driver of Vehicle 1 accelerated in an effort to avoid the collision.

At the same time, the driver of Vehicle 2 saw Vehicle 1 enter the intersection directly in front of him. In an effort to avoid the collision, the driver of Vehicle 2 braked and began to steer to the left.

Crash:

The front bumper of Vehicle 2 struck the left rear corner of Vehicle 1. A CDC of 09LBW2 with a PDOF of 280 degrees was assigned to Vehicle 1. Direct damage width was measured at 64.7 cm (25.5 in). The maximum crush depth was estimated to be a CDC extent zone 2.

Vehicle 2 was not inspected. Although crush was minor to Vehicle 1, as a result of the impact-induced deceleration, the threshold of the manufacture's supplemental restraint system was exceeded in Vehicle 2 and the driver's air bag deployed.

Post Crash:

As a result of the rapid acceleration by the driver of Vehicle 1 to avoid the collision and the impact forces generated by the collision with Vehicle 2, Vehicle 1 went into a counterclockwise rotation. Upon impact with the bumper of Vehicle 2, the left rear corner of Vehicle 1 was deformed. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to release from the post and the rear liftgate opened.

At the same time, the rear seat latching anchors released the rear seat. There was no indication of damage to the seat latches. It is possible that the rear seat had not been securely fastened prior to this incident. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown around in Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat, along with both rear occupants, fell out of the vehicle.

Vehicle 1 rotated 180 degrees counterclockwise and came to final rest, facing east.

Vehicle 2 continued in a counterclockwise rotation and came to final rest, facing in a south-westerly direction.

Occupant Kinematics:

The driver was wearing the available lap/shoulder restraint. On impact with Vehicle 2 his legs were moved forward and upward into the instrument panel. The driver of Vehicle 1 complained of pain to his left knee, but did not sustain any injuries to them and he did not seek any medical treatment.

The right front occupant, was wearing the lap/shoulder restraint. There was no physical evidence to indicate that he had contacted the instrument panel. He was not injured.

The left center occupant was restrained on the integrated child seat of the bench seat. On impact with Vehicle 2, the left center occupant moved laterally towards the left side of the vehicle, but he was secured by a five point restraint system of the child seat. The right center occupant, was seated unrestrained on the bench seat. On impact with Vehicle 2 he moved laterally to the left and collided with the forehead of the left center occupant. After impact, and as a result of the counterclockwise rotation, the right center occupant moved back to the right side of the vehicle.

Case DSI-95-SP-024

He did not claim any injuries. The left center occupant did sustain a contusion to his forehead as a result of the collision with the right center occupant, and received medical treatment three days later at a medical clinic.

The left and right rear occupants were restrained by the available lap restraints, according to the driver. The police report indicates that they were not wearing the lap restraints. There is extensive damage to the molding on the left rear interior surface which indicates that they were not restrained. There were several cracks to the molding ranging from 6.4 cm (2.5 in) long to 51.0 cm (20.0 in) long. The impact with Vehicle 2 threw the left rear occupant laterally to the left and he struck the rear left side window glass with his head, causing it to disintegrate. The right rear occupant may have also collided with the left rear occupant, pushing him further up against the left side interior surface.

After impact, the centrifugal forces, and the failure of the rear bench seat latches, caused the front of the rear bench seat to swing up and completely disengage from the front anchors. As Vehicle 1 continued in a counterclockwise rotation both rear occupants were being thrown about the left side of Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat and both rear occupants were ejected out of the rear liftgate onto the roadway.

The left rear occupant sustained moderate injuries consisting of a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion left knee. The right rear occupant sustained the following injuries: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder.

Supplemental Restraint System:

The case vehicle, the 1987 Plymouth Voyager (SE) is not equipped with a supplemental restraint system and the 1995 Saturn was not inspected.

Scene Clearance:

Vehicle 1 sustained minor damage. The driver of Vehicle 1 was apprehensive about driving Vehicle 1 with faulty brakes. Vehicle 1 was towed from the scene to his residence. The PAR indicates that Vehicle 2 was towed from the scene.

Safety Standards:

There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspection of Vehicle 1.

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1**

	DRIVER	OCCUPANT 2
Age/Sex:	40 year old/male	15 year old/male
Seated Position:	Left front	Right front
Seat Type:	Bucket	Bucket
Height:	180.0 cm (71.0 in)	168.0 cm (66.0 in)
Weight:	71 kg (157 lb)	54 kg (120 lb)
Occupation:	Unknown	Student
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol/Drug Involvement:	None/None	N/A
Driving Experience:	Unknown	Unknown
Body Posture:	Normal upright	Normal upright per the driver
Hand Position:	10 & 2 o'clock positions	Unknown
Foot Position:	On floorboard with the right foot on the accelerator	Unknown
Restraint Usage:	Lap/shoulder restraint	Lap/shoulder restraint
Additional Occupants:	5	

DRIVER AND OTHER OCCUPANTS (cont.):**VEHICLE 1**

	OCCUPANT 3	OCCUPANT 4
Age/Sex:	4 year old/male	18 year old/male
Seated Position:	Left center	Right center
Seat Type:	Bench	Bench
Height:	94.0 cm (37.0 in)	178.0 cm (70.0 in)
Weight:	18 kg (40 lb)	58 kg (127 lb)
Occupation:	Minor child	Student
Pre-existing Medical Condition:	Unknown	Unknown
Body Posture:	Seated in an integrated child safety seat	Unknown
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	5-point harness of integrated child safety seat	None

DRIVER AND OTHER OCCUPANTS (cont.) :

VEHICLE 1

	OCCUPANT 5	OCCUPANT 6
Age/Sex:	14 year old/male	16 year old/male
Seated Position:	Left rear	Right rear
Seat Type:	Bench	Bench
Height:	183.0 cm (72.0 in)	185.0 cm (73.0 in)
Weight:	52 kg (115 lb)	58 kg (127 lb)
Occupation:	Student	Student
Pre-existing Medical Condition:	Unknown	Unknown
Body Posture:	Normal upright	Normal upright
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	None	None

DRIVER AND OTHER OCCUPANTS :

VEHICLE 2

DRIVER

Age/Sex:	20 year old/male
Seated Position:	Left Front
Seat Type:	Unknown
Height:	Unknown
Height:	Unknown
Occupation:	Unknown
Pre-existing Medical Condition:	Unknown
Alcohol/Drug Involvement:	N/A
Driving Experience:	Unknown
Body Posture:	Unknown
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Supplemental Restraint System, per traffic collision report
Additional Occupant:	None

INJURIES:**Vehicle 1**

	INJURY	AIS/OIC CODE	ICD-9	SOURCE
DRIVER:	None			
R/F Occupant:	None			
L/C Occupant:	Contusions to forehead	290402.1,7	920.00	R/C occupant
R/C Occupant:	Not injured			
L/R Occupant:	Closed head injury	115099.7,0	850.9	Left side window glass
	Cervical strain	640278.1,6	847.0	Left window area
	Lumbar strain	640678.1,8	847.2	Left window area
	Contusion left shoulder	790402.1,2	923.00	Left window area
	Contusion left knee	890402.1,2	924.11	Left window area
R/R Occupant:	Closed head injury	115099.7,0	850.9	Left window area
	Cervical strain	640278.1,6	847.0	Left widow area
	Sprain left shoulder	751020.1,2	840.9	Left window area
	Contusion left shoulder	751210.1,2	923.00	Left window area

Abbreviations Used In Narrative, Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

PHOTO INDEX

Case No. DSI-95-SP-024

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1-3	01	West	Direction of travel towards impact area.
4	01	West	Impact area.
5-6	01	Westerly	Counterclockwise rotation
7	01	East	Final rest area
8	01	West	Final rest area
9	01	East	Opposite direction of travel
10-11	02	North	Direction of travel
12	02	North-west	Impact area
13	02	West	Counterclockwise rotation
14	02	West	Final rest area
15	02	South	Opposite direction of travel
16-34	01		Exterior damage
35-44	01		Interior
45-50	01		Damaged left rear area
51-53	01		Rear seat anchors
54-56	01		Rear liftgate post
57-62	01		Rear liftgate latch
63-66	01		Rear seat
67-72	01		Port latches of rear seat
73-78	01		Starboard latches of rear seat































































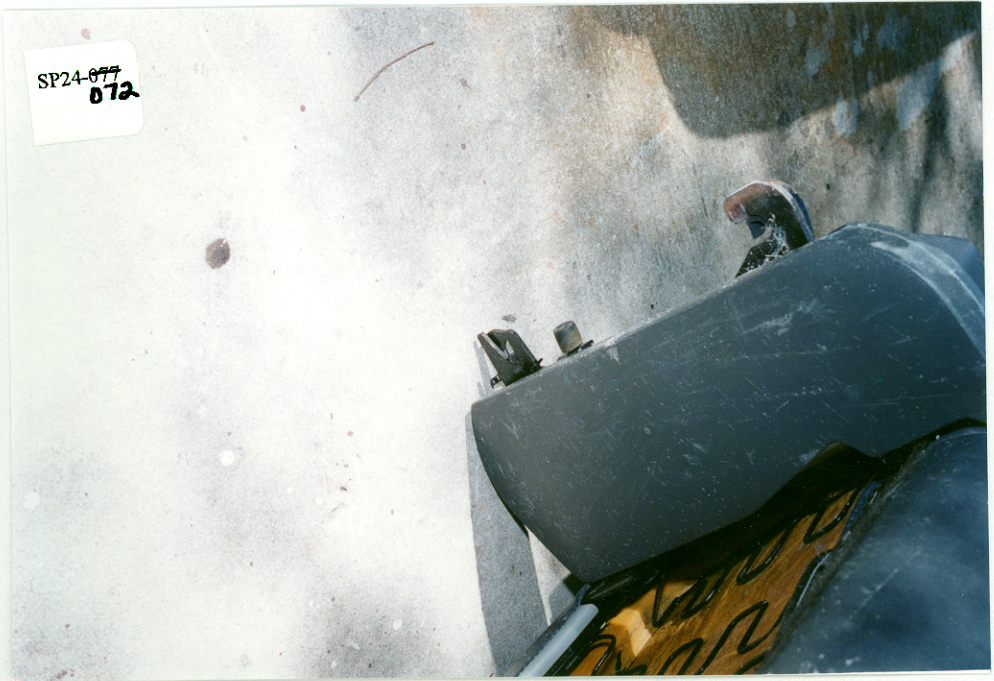
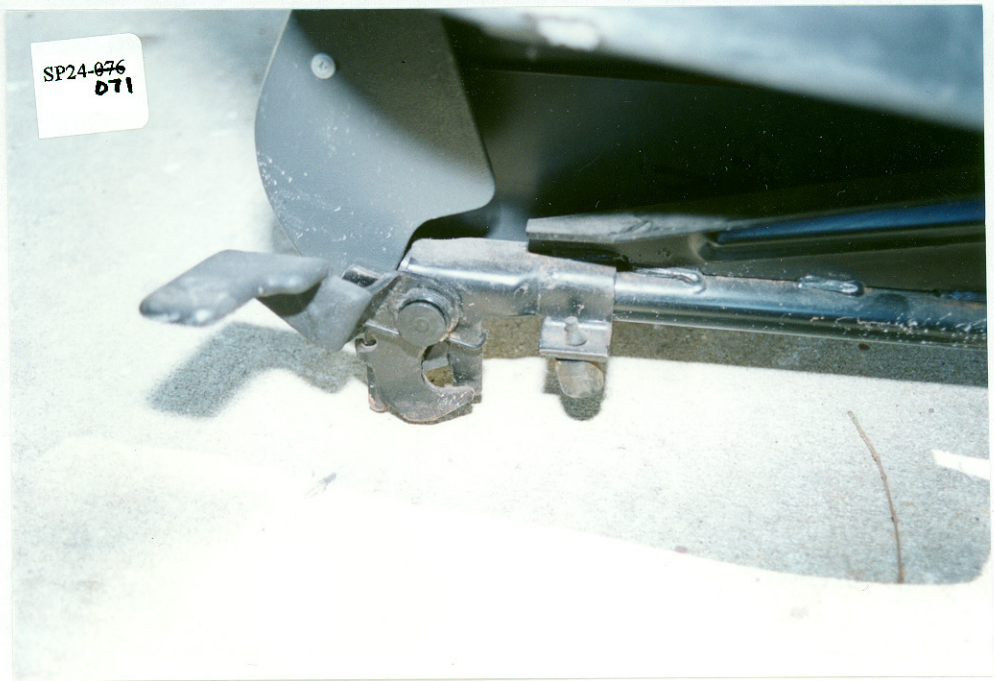






BEST AVAILABLE











SLIDE INDEX

Case No. DSI-95-SP-024

SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1-4	01	West	Direction of travel towards impact area
5	01	West	Impact area
6-7	01	Westerly	Counterclockwise rotation
8	01	East	Final rest area
9	01	North-West	Opposite direction of final rest area
10	01	East	Opposite direction of travel
11-12	02	North	Direction of travel towards impact area
13	02	North-West	Impact area
14	02	West	Counterclockwise rotation
15	02	West	Final rest area
16	02	South	Opposite direction of travel
17-34	01		Exterior of Vehicle
35-43	01		Interior of Vehicle
44-51	01		Damaged left rear area
52-55	01		Rear seat anchors
56-59	01		Rear liftgate post
60-63	01		Rear liftgate latch
64-65	01		Rear bench seat
66-71	01		Rear bench seat starboard latches
72-77	01		Rear bench seat port latches

CASE NUMBER DS955P024

MISSING SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER(S)

1-77



ACCIDENT FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DST-95-SP-24

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 024. Date of Accident WINTER WEEKDAY
(Month, Day, Year) / / 9 45. Time of Accident EARLY EVENING HOURS

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that
has been completed; code 1 for the checked special
studies and 0 for the special studies not checked.6. SS15 Administrative Use 07. SS16 Pedestrian Crash Data Study 08. SS17 Impact Fires 09. SS18 010. SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>01</u>	14. <u>13</u>	15. <u>L</u>	16. <u>02</u>	17. <u>02</u>	18. <u>F</u>
19. <u>0</u> <u>2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0</u> <u>3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0</u> <u>4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0</u> <u>5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

(35) Noncollision injury _____

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown _____

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object _____

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant _____

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object _____

(98) Other event (specify): _____

(99) Unknown event or object _____

National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI - 95 - SP - 243. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 87
Code the last two digits of the model year
(99) Unknown5. Vehicle Make (specify): 09
PLYMOUTH
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown6. Vehicle Model (specify): 442
VOYAGER (SE)
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown7. Body Type 20
Note: Applicable codes may be found on
the back of this page.8. Vehicle Identification Number
2P4FH4135HRXXXXXX
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown10. Police Reported Travel Speed 032
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
20 mph X 1.6093 = 032 kph11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) UnknownNote: See variables 37 through 55
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit 064
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown40 mph X 1.6093 = 064 kph14. Attempted Avoidance Maneuver 10
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown15. Accident Type 09
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 16
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 16

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,350
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,972 lbs X .4536 = 1,348 kgs
 Source: _____
20. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0

26. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____

Underride (see specific CDC)

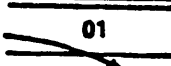

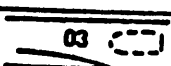


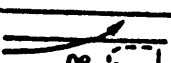
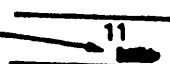
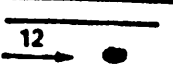

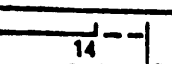
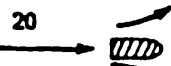

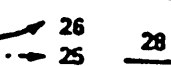
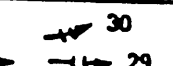


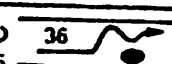
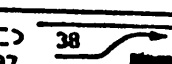
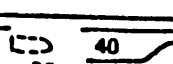
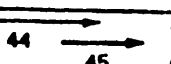
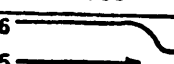
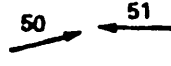
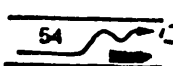
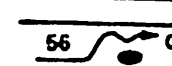
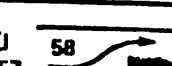
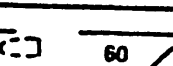

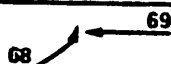

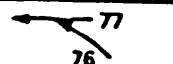
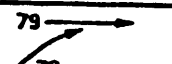
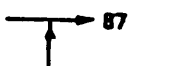

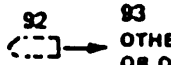
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 27 0
28. Heading Angle For Other Vehicle 33 9

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN	
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS UNKNOWN	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER		(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER		(EACH • 85) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest)

3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

4.79 phi phi 54.79 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V+ phi phi 1- .83 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

32. Lateral Component of Delta V

Highest

+ phi phi 54.71 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

33. Energy Absorption

phi phi 1.9001,887.6 Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)1

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

phi

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? ☒ YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? ☒ YES [] NO

37. Police Reported Other Drug Presence ☒

- (0) No other drug(s) present
(1) Yes [other drug(s) present]
(7) Not reported
(8) No driver present
(9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ☒

- (0) No DEC process available or given
(1) DEC process given, results known
(2) DEC process given, results unknown
(3) DEC process available, unknown if given
(8) No driver present

39. Other Drug Specimen Test Type For Driver ☒

- (0) No specimen test given
(1) Blood test
(2) Urine test
(3) Other specimen tests (specify):

(7) Unspecified specimen test
(8) No driver present
(9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

Codes For DEC Test Results

- (0) No DEC test given
(1) Passed DEC test
(2) Failed DEC test
(3) DEC test given—results unknown
(8) No driver present
(9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or
not obtained
(8) No driver present
(9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

- (69) _____
Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

- (89) _____
Unknown nonfixed object

- (98) Other event (specify): _____

- (99) _____
Unknown event or object

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify:
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRAASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked-in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

1 7*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown _____

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

**National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number _____ 2. Case Number - Stratum <u>DSI-95-SP-24</u>		3. Vehicle Number <u>01</u>
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VEHICLE IDENTIFICATION

VIN 2P4FH4135HR X X X X X X Model Year 87
Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): VOYAGER (SE)

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
①	LR Q-PANEL	BEGINS @ LR BUMPER CORNER

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

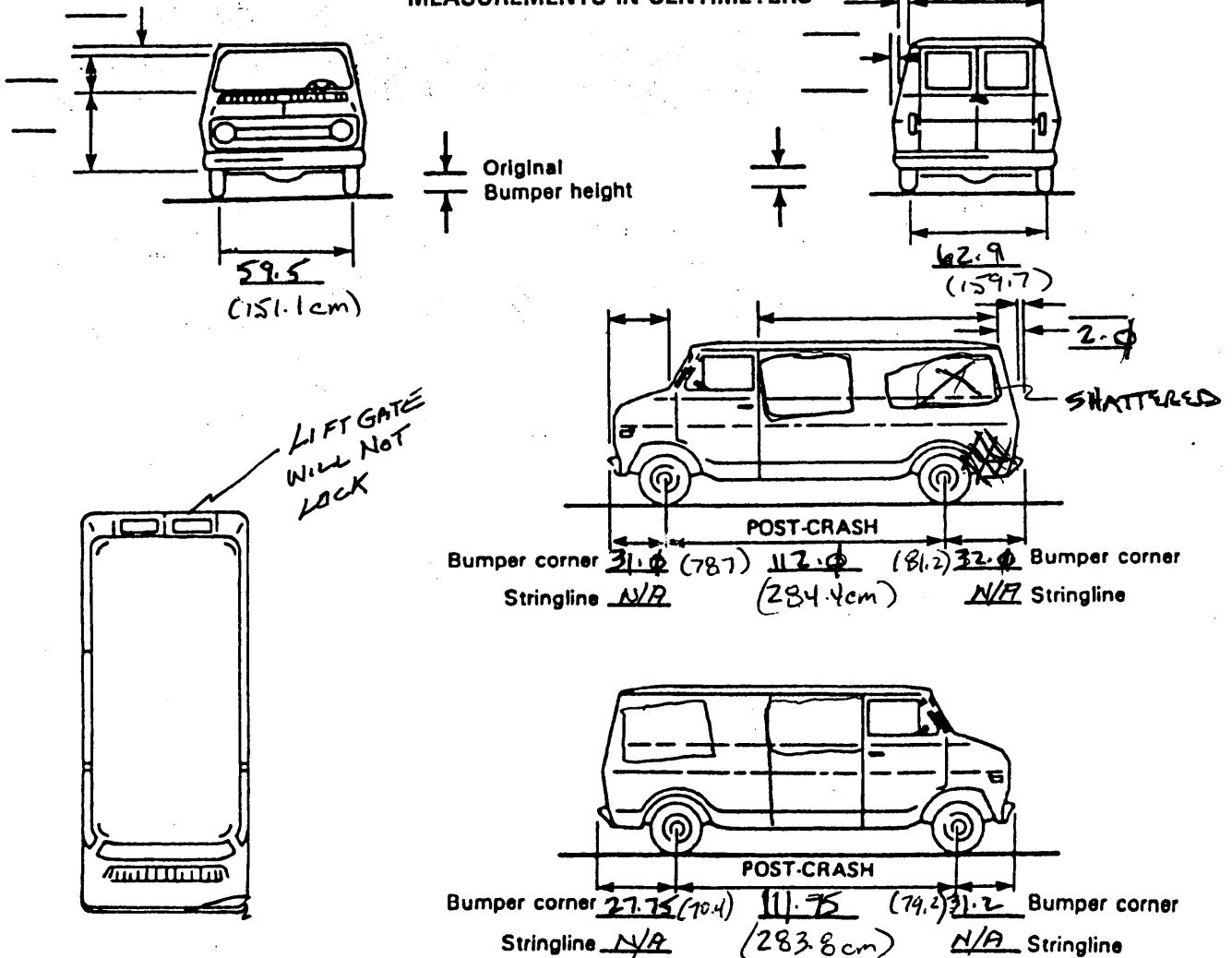
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.2</u> inches	x 2.54 =	<u>285</u> cm
Overall Length	<u>176.0</u> inches	x 2.54 =	<u>447</u> cm
Maximum Width	<u>169.7</u> inches	x 2.54 =	<u>177</u> cm
Curb Weight	<u>2972</u> pounds	x .4536 =	<u>1348</u> kg
Average Track	<u>N/A</u> inches	x 2.54 =	<u>N/A</u> cm
Front Overhang	<u>31.9</u> inches	x 2.54 =	<u>81</u> cm
Rear Overhang	<u>29.9</u> inches	x 2.54 =	<u>76</u> cm
Undeformed End Width	<u>N/A</u> inches	x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>3 0 0 0</u> cc	x .001 =	<u>3.0</u> L
	<u>183</u> CID	x .0164 =	<u>3.0</u> L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	285 cm	RF ±	°
RF <u>2</u>	RF <u>2</u>	Overall Length	447 cm	LF ±	°
LF <u>2</u>	LF <u>2</u>	Maximum Width	177 cm	RR ±	°
RR <u>2</u>	RR <u>2</u>	Curb Weight	1348 kg	LR ±	°
LR <u>2</u>	LR <u>2</u>	Average Track	N/A cm	Within ± 5 degrees	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	81 cm	DRIVE WHEELS	
		Rear Overhang	78 cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION		Undeformed End Width	N/A cm	Approximate Cargo Weight <u>0</u> kg	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Engine Size: cyl./displ.	13.0 L		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) **Bridge**

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. $\phi 1$	5. $\phi 2$	6. $\phi 9$	7. L	8. B	9. E	10. W	11. $\phi 2$

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
$\phi 65$	$\phi 1 \phi$	$\phi \phi \phi$	---	---	---	---	$\phi 11 \phi$

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
---	---	---	---	---	---	---	+
---	---	---	---	---	---	---	-

26. Are CDCs Documented but Not Coded on The Automated File?

- (0) No
(1) Yes

ϕ

27. Researcher's Assessment of Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

ϕ

28. Original Wheelbase 285
Code to the nearest centimeter
(999) Unknown

112.2 inches X 2.54 = 285 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

(0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location

35. Fuel Tank-2 Location

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle) left
side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____

(9) Unknown

36. Fuel Tank-1 Filler Cap Location

37. Fuel Tank-2 Filler Cap Location

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on
left side plane
(3) Aft of center of the rear wheels (rear axle) on
right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear axle)
on left side plane
(7) Over the center of the rear wheels (rear axle)
on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage

39. Fuel Tank-2 Damage

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____

(9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

42. Fuel Type-1

01

43. Fuel Type-2

00*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

98

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door) ✓

(04) Roof

(05) Roof glass

(06) Side window ✓

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

03 & 06

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 2

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 020. BL 0 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 028. BL 0 29. Roof 0 30. Other 6

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(5) Glazing out-of-place by occupant contact and holed by
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 036. BL 0 37. Roof 0 38. Other 2

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 044. BL 0 45. Roof 0 46. Other 2

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	Ø	Ø
	Deployment	Ø	Ø
	Failure	Ø	Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	Ø	Ø
	Use	Ø	Ø
	Type	Ø	Ø
	Proper Use	Ø	Ø
	Failure Modes	Ø	Ø

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	2					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	11					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):
INTEGRATE INTO SEAT
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

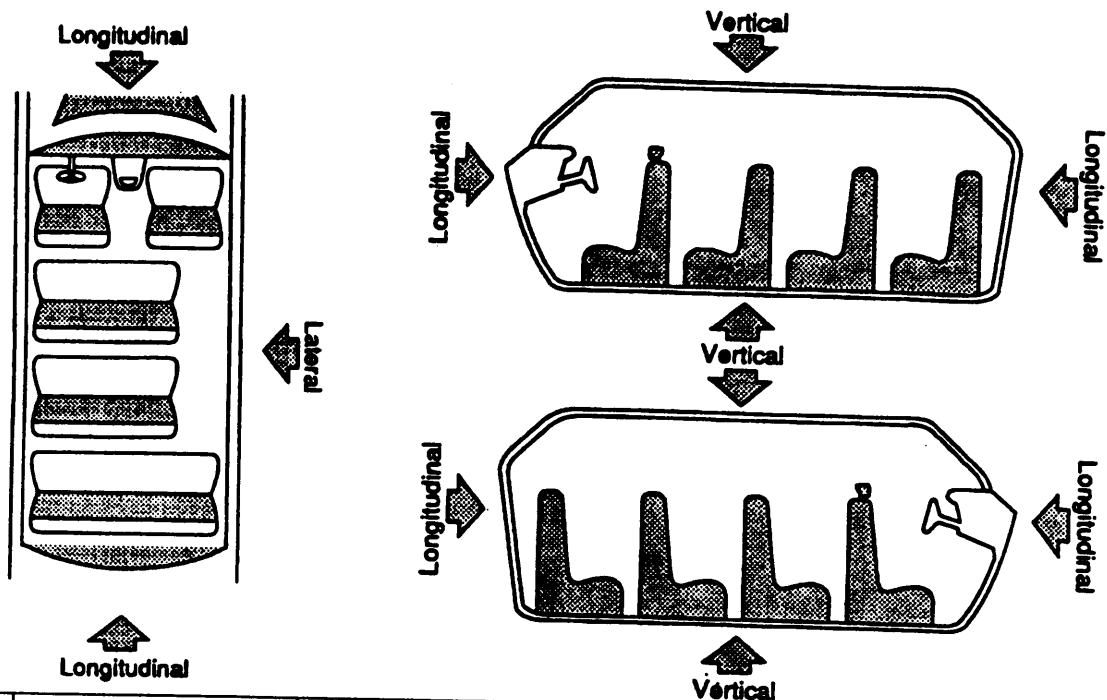
Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

Row
Width
(cm)[illegible]

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

Ø	—	Ø	=	Ø
---	---	---	---	---

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

0 0

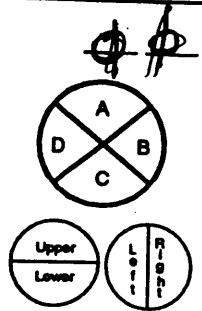
93. Location of Steering Rim/Spoke Deformation**Quarter Sections**

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL****94. Odometer Reading**

224,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

139.037 miles X 1.6093 = 223.752 kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

8

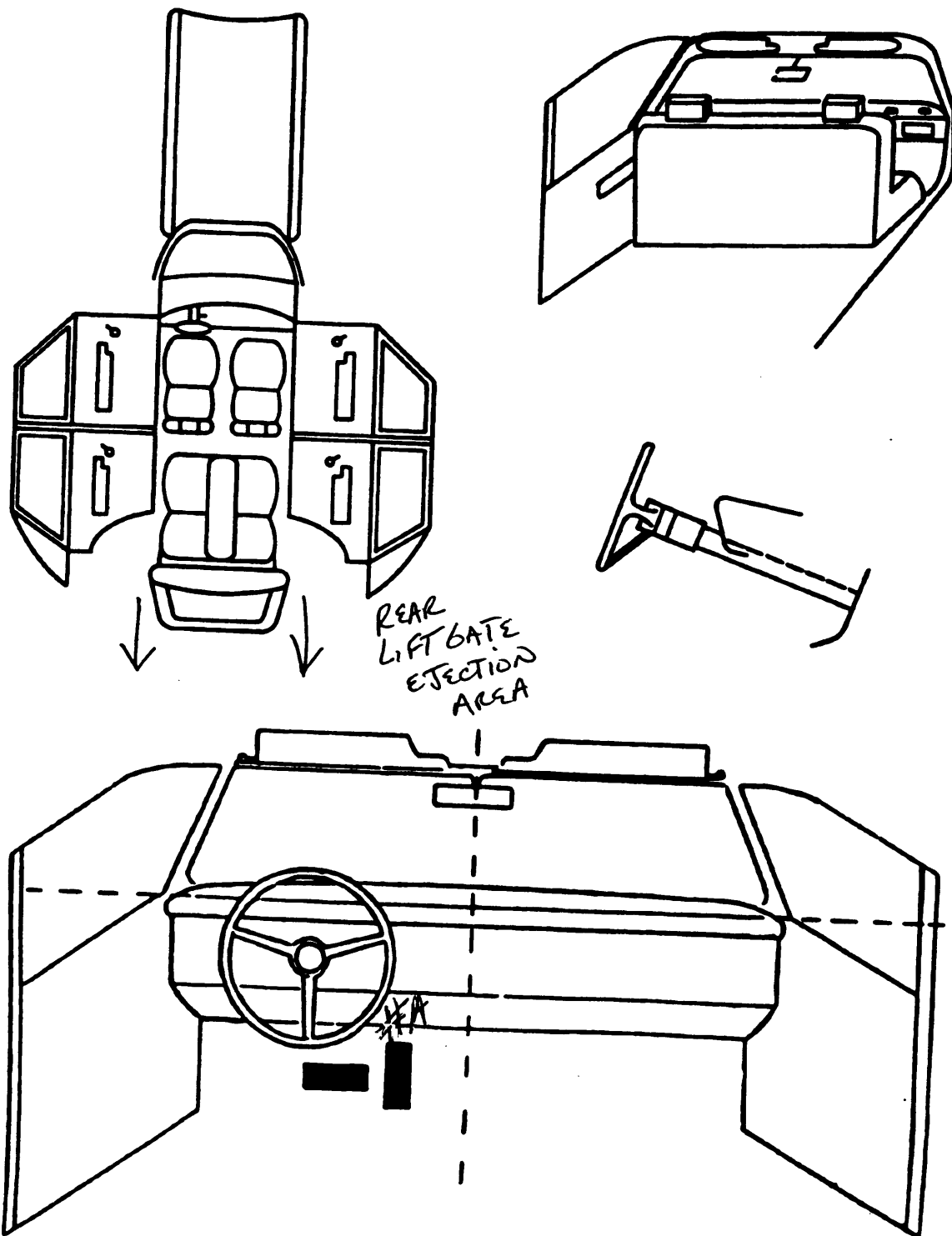
97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

0

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	01	LEB	CRASH DAMAGED MOLDING	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	Φ	4
	Evidence of usage	Φ4	ΦΦ	Φ4
	Used in this crash?	YES	ΦΦ	YES
	Proper Use	YES	Φ	YES
	Failure Modes	1	Φ	YES
SECOND	Availability	Φ	Φ	Φ
	Evidence of usage	ΦΦ	ΦΦ	ΦΦ
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ
OTHER	Availability	3	3	3
	Evidence of usage	Φ3	Φ3	Φ3
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used - type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat - type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1	Φ	1
	Seat Type	Φ 1	Φ Φ	Φ 1
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
SECOND	Head Restraint Type/Damage	8	Φ	Φ
	Seat Type	Φ 3	Φ Φ	Φ 3
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
THIRD	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ 3	Φ 3	Φ 3
	Seat Performance	4	4	4
	Seat Orientation	1	1	1
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: INTEGRAL WHEN USED AS CHILD SEAT
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes ☒

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	05	06				
Ejection	1	1				
(Note on Vehicle Interior Sketch) Ejection Area	6	6				
Ejection Medium	1	1				
Medium Status	2	2				

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT

No [/] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

Interview Form

Case Number: DSI-95-SP-24
Vehicle Number: 01
Interviewee: Driver
Accident Date/Time: Winter weekday/early evening hours

Description of Accident

I was going west coming up to the stop sign, and I wasn't going any faster than 32 KPH (20 MPH). When I stepped on the brake it slowed me down, but I wasn't stopping. I rolled into the intersection and I was about to try the emergency brake. I saw the other cars lights coming right at me. I stepped on the accelerator to try to get across the intersection. I thought I had made it but the right front corner of the other car caught my back end. The van started spinning around to the left.

When I came to a stop we were facing in the opposite direction we were coming from. My sons that had been in the back seat were laying on the ground on top of the seat. Somehow the seat had released itself, and it fell out. They still had their seat belts on. There was glass all over the inside of the van.

My left knee hurt because I think I hit it on the dashboard. We went to see the other car and he was saying his legs hurt. The other car had an airbag, and it was opened.

Three of my sons were complaining of pain a couple of days later so we took them to the clinic to get them checked out.

Seat Position	Left Front	Right Front	Left Center
Age/Sex	40/male	15/male	4/male
Height/Weight	180 cm/71 kg.	168 cm/54 kg	94 cm/18 kg
Posture	Normal	Normal	Normal
Ejection	No	No	No
Entrapment	No	No	No
Restraint Type	Lap & Shoulder	Lap/shoulder	Integrated child seat
Usage/Failures	Use/none	Used/none	Used/none
Treatment	None	None	3 days later at a medical clinic
Time in hospital	None	None	None
Lost working days	None	N/A	N/A

Seat Position	Right Center	Left Rear	Right Rear
Age/Sex	18/male	14/male	16/male
Height/Weight	178 cm/58 kg.	183 cm/52 kg	185 cm/58 kg
Posture	Normal	Normal	Normal
Ejection	Yes	Yes	Yes
Entrapment	No	No	No
Restraint Type	None	Lap	Lap
Usage/Failures	None	Used/none	Used/none
Treatment	None	2 days later at a medical clinic	2 days later at a medical clinic
Time in hospital	None	None	None
Lost working days	None	N/A	N/A



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-SP-24

3. Vehicle Number

 ϕ 1

4. Occupant Number

 ϕ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

4 ϕ

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

1

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

71 inches X 2.54 = 180 centimeters

180 ϕ

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

157 pounds X .4536 = 71 kilograms

 ϕ 71

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

1

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

11

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

 ϕ

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

φ

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

φ

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

φ

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability **4**
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
 - (7) Lap belt (shoulder belt destroyed/removed)
 - (8) Other belt (specify): _____
 - (9) Unknown
18. Manual (Active) Belt System Use **4**
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____
 - (02) Shoulder belt
 - (03) Lap belt
 - (04) Lap and shoulder belt
 - (05) Belt used—type unknown
 - (08) Other belt used (specify): _____
 - (12) Shoulder belt used with child safety seat
 - (13) Lap belt used with child safety seat
 - (14) Lap and shoulder belt used with child safety seat
 - (15) Belt used with child safety seat—type unknown
 - (18) Other belt used with child safety seat (specify): _____
 - (99) Unknown if belt used
19. Proper Use of Manual (Active) Belts **L**
- (0) None used or not available
 - (1) Belt used properly
 - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
 - (4) Shoulder belt worn behind back or seat
 - (5) Belt worn around more than one person
 - (6) Lap belt worn on abdomen
 - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of manual belt system (specify): _____
 - (9) Unknown
20. Manual (Active) Belt Failure Modes During Accident **1**
- (0) No manual belt used
 - (1) No manual belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____
 - (6) Broken retractor
 - (7) Combination of above (specify): _____
 - (8) Other manual belt failure (specify): _____
 - (9) Unknown
21. Air Bag System Availability/Function **4**
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
 - (3) Air bag not reinstalled
 - (9) Unknown
22. Air Bag System Deployment **4**
- (0) Not equipped/not available
 - (1) Air bag deployed during accident (as a result of impact)
 - (2) Air bag deployed inadvertently just prior to accident
 - (3) Air bag deployed, accident sequence undetermined
 - (4) Nondeployed
 - (5) Unknown if deployed
 - (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (9) Unknown
23. Are There Indications of Air Bag System Failure? **4**
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
 - (9) Unknown
- Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
24. Police Reported Restraint Use **4**
- (0) None used
 - (1) Police did not indicate restraint use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Other or automatic restraint (specify): _____
 - (8) Restrained, type unknown
 - (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position

1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** ϕ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality ϕ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) ϕ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay $\phi \phi$

- (00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost $\phi \phi$

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death $\phi \phi$

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death $\phi \phi$ **41. 2nd Medically Reported Cause of Death** $\phi \phi$ **42. 3rd Medically Reported Cause of Death** $\phi \phi$

_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant $\phi \phi$

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) L

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

BEST AVAILABLE

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score $\phi\phi$
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? L
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 $\phi\phi$
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination L
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

120 pounds X .4536 = 54 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

⊕

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

⊕

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

⊕

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

⊕

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

⊕

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 4

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position

1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

BEST AVAILABLE

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** ϕ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality ϕ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) ϕ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay $\phi \phi$

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death** $\phi \phi$

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death $\phi \phi$ **41. 2nd Medically Reported Cause of Death** $\phi \phi$ **42. 3rd Medically Reported Cause of Death** $\phi \phi$

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant $\phi \phi$

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
☒ Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score $\phi \phi$
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 $\phi \phi$
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 2
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number φ 14. Occupant Number φ 3

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age φ 4

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height φ 94Code actual height to the nearest
centimeter.

(999) Unknown

37 inches X 2.54 = φ 94 centimeters8. Occupant's Weight φ 18Code actual weight to the nearest
kilogram.

(999) Unknown

φ 40 pounds X .4536 = φ 18 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 21

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture φ

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown _____

26. Seat Type (this Occupant Position) φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality b

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 1

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death** 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 00**41. 2nd Medically Reported Cause of Death** 00**42. 3rd Medically Reported Cause of Death** 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** ☒

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ☒

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ☒

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ☒

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ☒

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) ☒

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
WITH INITIAL SUBMISSION?

NO [] YES ☒

UPDATE CANDIDATE?

NO ☒ YES []

BEST AVAILABLE

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number φ 14. Occupant Number φ 3

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>φ 4</u>	9. <u>φ 2</u>	10. <u>1</u>	11. <u>7</u>	12. <u>46</u>	13. <u>1</u>	14. <u>1</u>	15. <u>φ φ</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers) -
- (46) Other occupants (specify): OCCUPANT #4 UNRESTRAINED
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

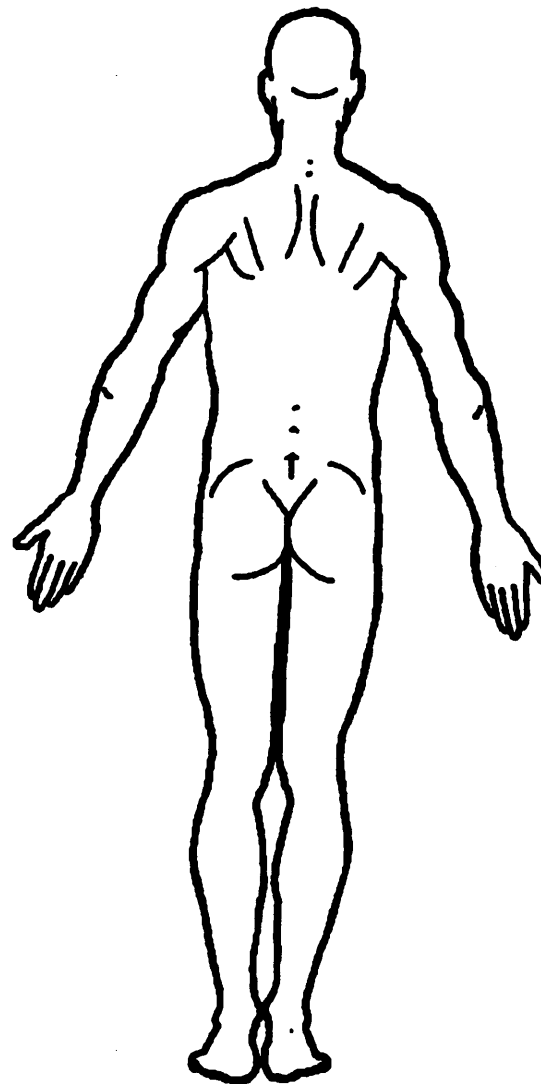
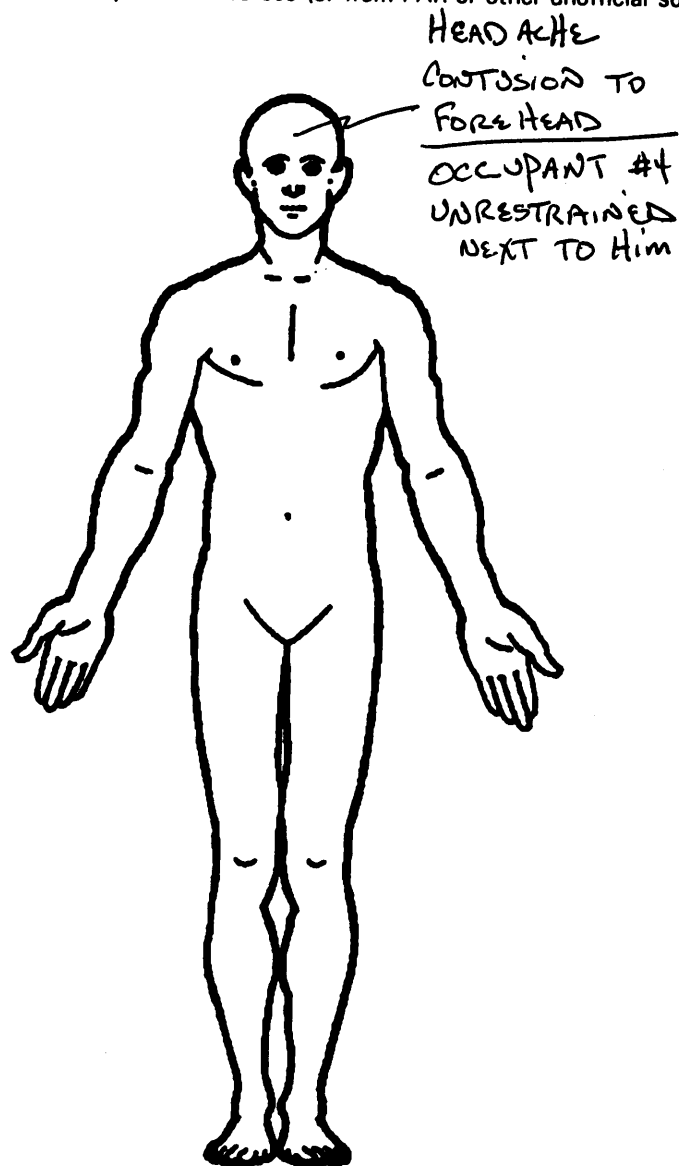
Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

BEST AVAILABLE

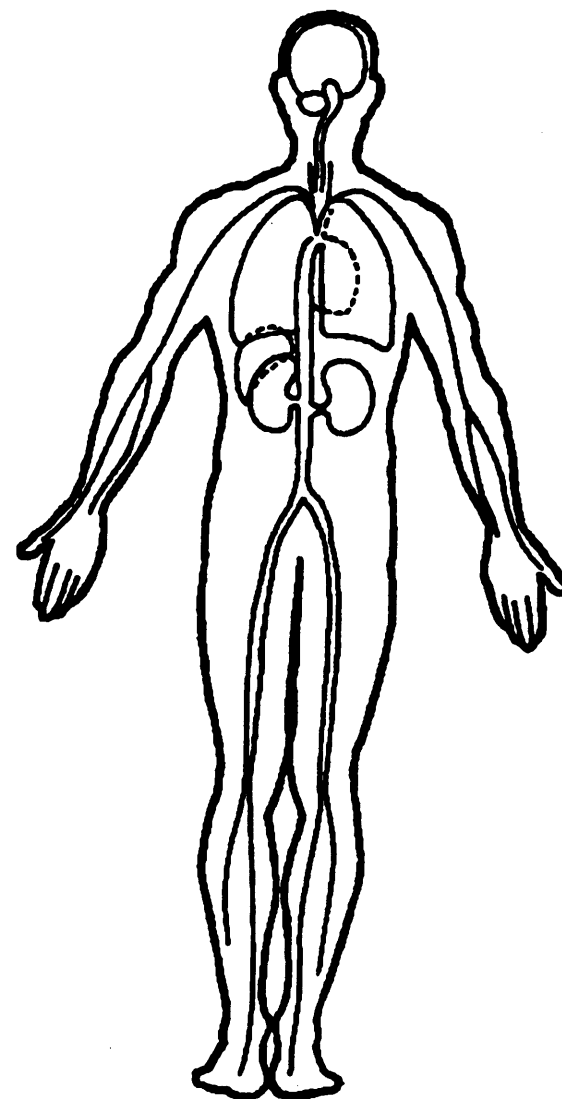
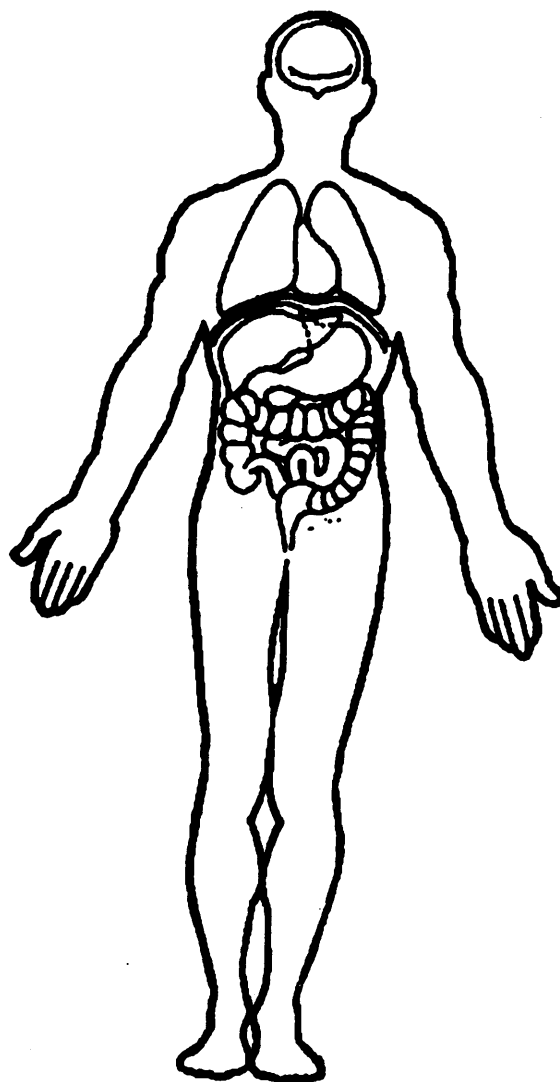
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 18

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 178Code actual height to the nearest
centimeter.

(999) Unknown

70 inches X 2.54 = 178 centimeters8. Occupant's Weight 058Code actual weight to the nearest
kilogram.

(999) Unknown

127 pounds X .4536 = 058 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

φ

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

φ

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

φ

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown _____
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position ϕ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position) $\phi 3$

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) ϕ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality ϕ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) ϕ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay $\phi \phi$

- (00) Not Hospitalized

_____ Code the number of days (up through 60)
that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**

39. Time to Death $\phi \phi$

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death $\phi \phi$ 41. 2nd Medically Reported Cause of Death $\phi \phi$ 42. 3rd Medically Reported Cause of Death $\phi \phi$
_____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

(97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for
This Occupant $\phi \phi$

- _____ Code the actual number of
injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

- (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
 WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

BEST AVAILABLE

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score ϕ ϕ
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 ϕ ϕ
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO_3
 (96) ABGs reported, HCO_3 unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 014. Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 14
Code actual age at time of accident.
(00) Less than one year old (specify by month):(97) 97 years and older
(99) Unknown6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown7. Occupant's Height 183
Code actual height to the nearest
centimeter.
(999) Unknown
72 inches X 2.54 = 183 centimeters8. Occupant's Weight 052
Code actual weight to the nearest
kilogram.
(999) Unknown
115 pounds X .4536 = 052 kilograms9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 31
Front Seat

- (11) Left side
-
- (12) Middle
-
- (13) Right side
-
- (14) Other (specify):
-
- (15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant*Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant*Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown11. Occupant's Posture 0
(0) Normal posture*Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front
of seat
(8) Other abnormal posture (specify):
(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

6

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

1

15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (this Occupant Position) 0 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type) _____

(99) Unknown _____

27. Seat Performance (this Occupant Position) 4

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 3

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death** φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ**41. 2nd Medically Reported Cause of Death** φ φ

- 42. 3rd Medically Reported Cause of Death** φ φ
- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ 5

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [X] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
 WITH INITIAL SUBMISSION?

NO [] YES [X]

UPDATE CANDIDATE?

NO [X] YES []

BEST AVAILABLE

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score φ 1
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 φ 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 3
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE



OCCUPANT INJURY FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSF-95-SF-24

3. Vehicle Number

4. Occupant Number

01

05

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. 4	6. 1	7. 1	8. 5φ	9. 99	10. 7	11. φ	12. 26	13. 2	14. 2	15. φφ
2nd	16. 4	17. 6	18. 4	19. φ2	20. 78	21. 1	22. 6	23. 26	24. 2	25. 2	26. φφ
3rd	27. 4	28. 6	29. 4	30. φ6	31. 78	32. 1	33. 8	34. 26	35. 2	36. 2	37. φφ
4th	38. 4	39. 7	40. 9	41. φ4	42. φ2	43. 1	44. 2	45. 26	46. 2	47. 1	48. φφ
5th	49. 4	50. 8	51. 9	52. φ4	53. φ2	54. 1	55. 2	56. 26	57. 2	58. 1	59. φφ
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A (A1/A2)-pillar
 - (33) Right B-pillar
 - (34) Other right pillar (specify): _____
 - (35) Right side window glass or frame
 - (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 - (37) Other right side object (specify): _____
 - (38) Right side window sill
- ### INTERIOR
- (40) Seat, back support
 - (41) Belt restraint webbing/buckle
 - (42) Belt restraint B-pillar or door frame attachment point
 - (43) Other restraint system component (specify): _____
 - (44) Head restraint system
 - (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
 - (46) Other occupants (specify): _____
 - (47) Interior loose objects
 - (48) Child safety seat (specify): _____
 - (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

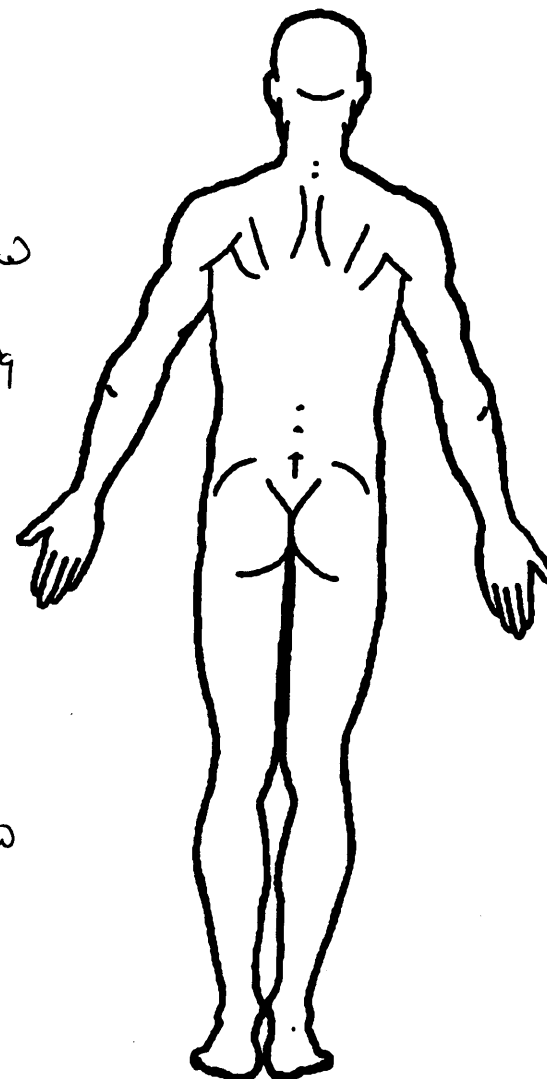
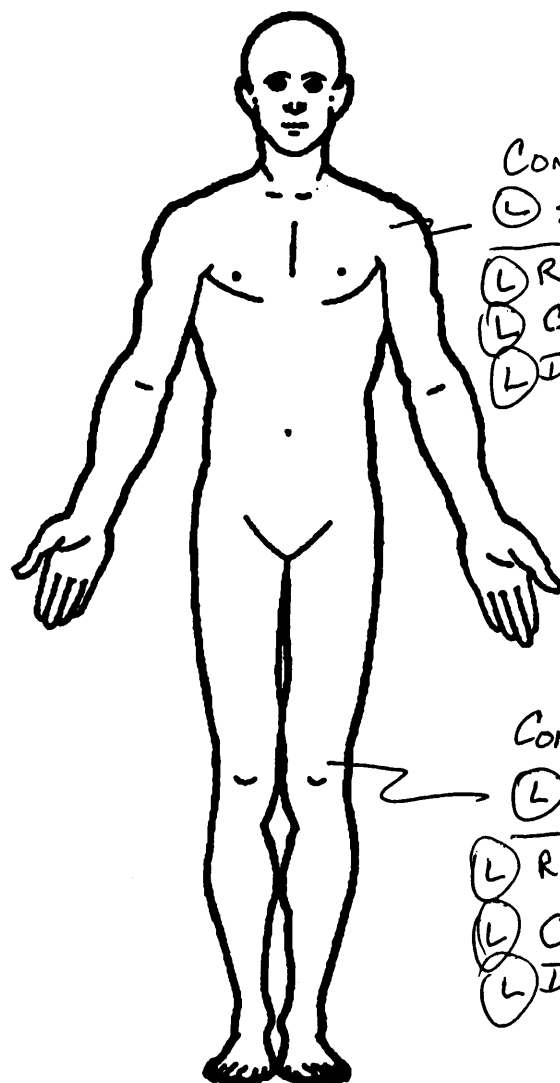
- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

BEST AVAILABLE

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

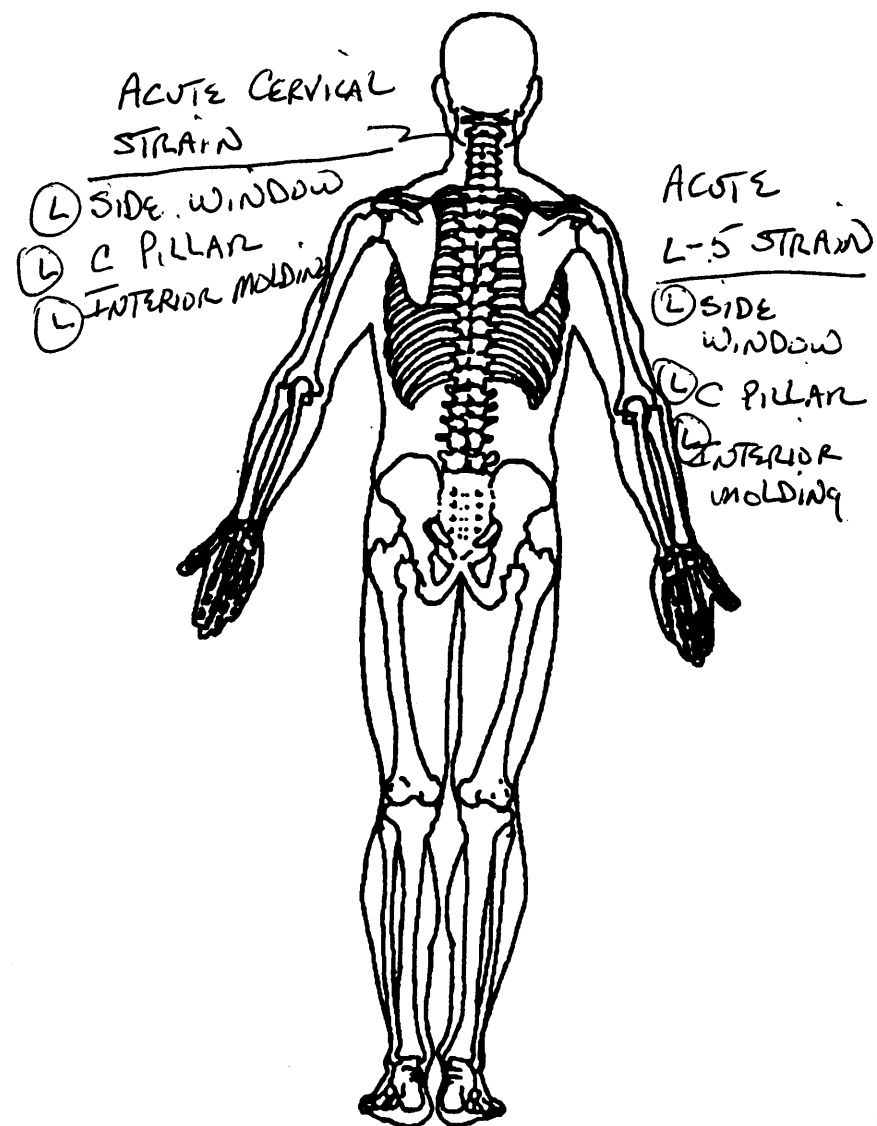
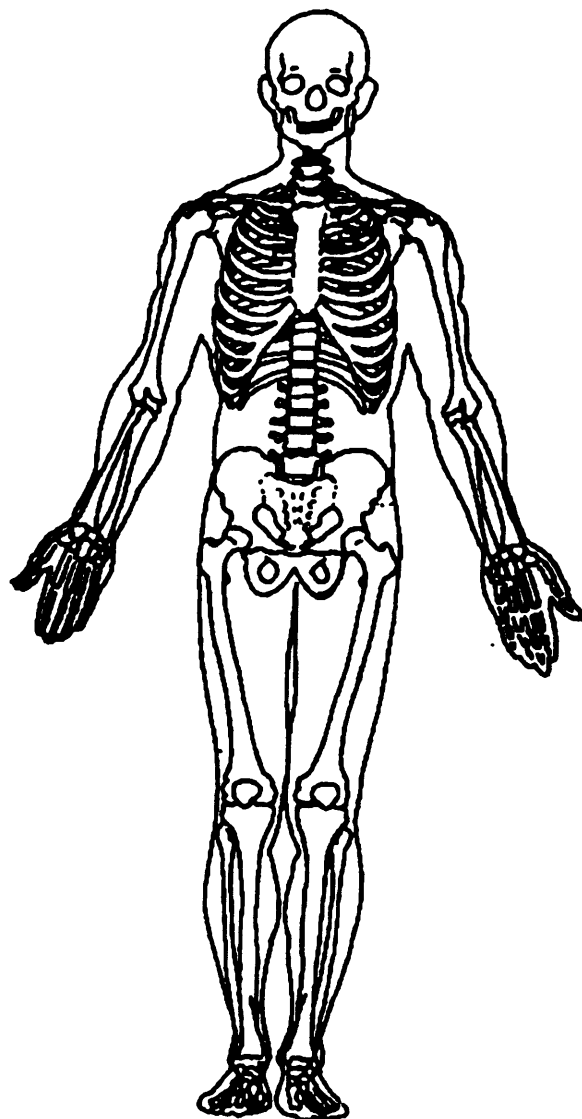
Units = ___

Arterial Blood Gases

pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



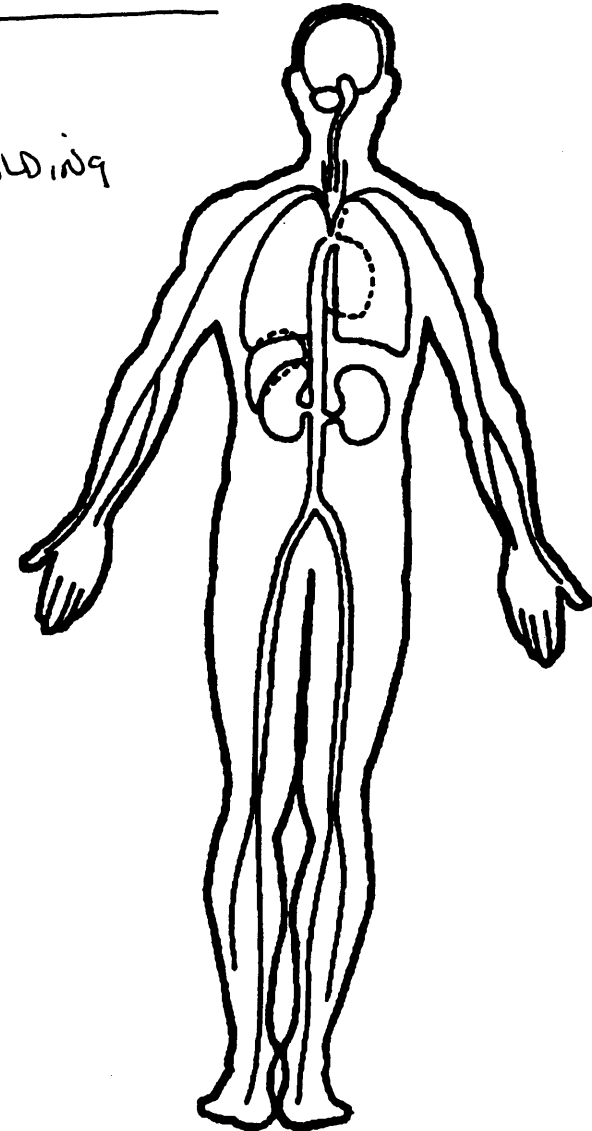
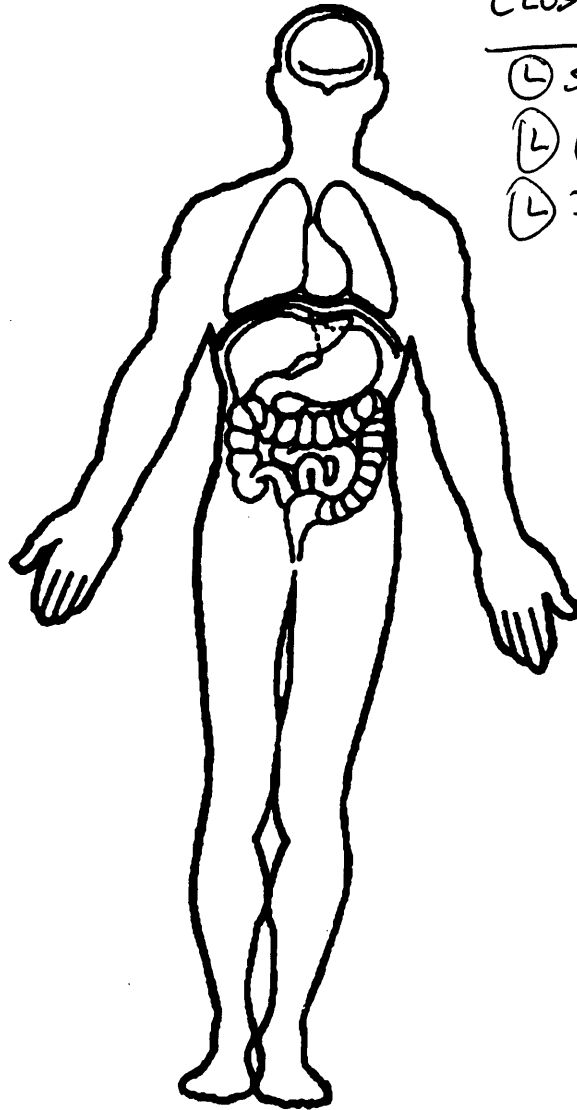
OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CLOSED HEAD INJURY — NFS

- ① SIDE WINDOW
- ② C PILLAR
- ③ INTERIOR — MOLDING



National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DST-95-SP-243. Vehicle Number 614. Occupant Number 66

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 185Code actual height to the nearest
centimeter.

(999) Unknown

73 inches X 2.54 = 185 centimeters8. Occupant's Weight 658Code actual weight to the nearest
kilogram.

(999) Unknown

127 pounds X .4536 = 658 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 33

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 6

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

6

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

1

15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

0

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Positionφ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

'Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 3

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ 4

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [x] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [x]

UPDATE CANDIDATE?

NO [x] YES []

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 2
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 3
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum DSI-95-SP-24

4. Occupant Number

01
06

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5</u> <u>0</u>	9. <u>99</u>	10. <u>7</u>	11. <u>0</u>	12. <u>26</u>	13. <u>2</u>	14. <u>2</u>	15. <u>00</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>02</u>	20. <u>78</u>	21. <u>1</u>	22. <u>6</u>	23. <u>26</u>	24. <u>2</u>	25. <u>2</u>	26. <u>00</u>
3rd	27. <u>4</u>	28. <u>7</u>	29. <u>5</u>	30. <u>1</u> <u>0</u>	31. <u>20</u>	32. <u>1</u>	33. <u>2</u>	34. <u>26</u>	35. <u>2</u>	36. <u>2</u>	37. <u>00</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>5</u>	41. <u>12</u>	42. <u>1</u> <u>0</u>	43. <u>1</u>	44. <u>2</u>	45. <u>26</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Medical/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

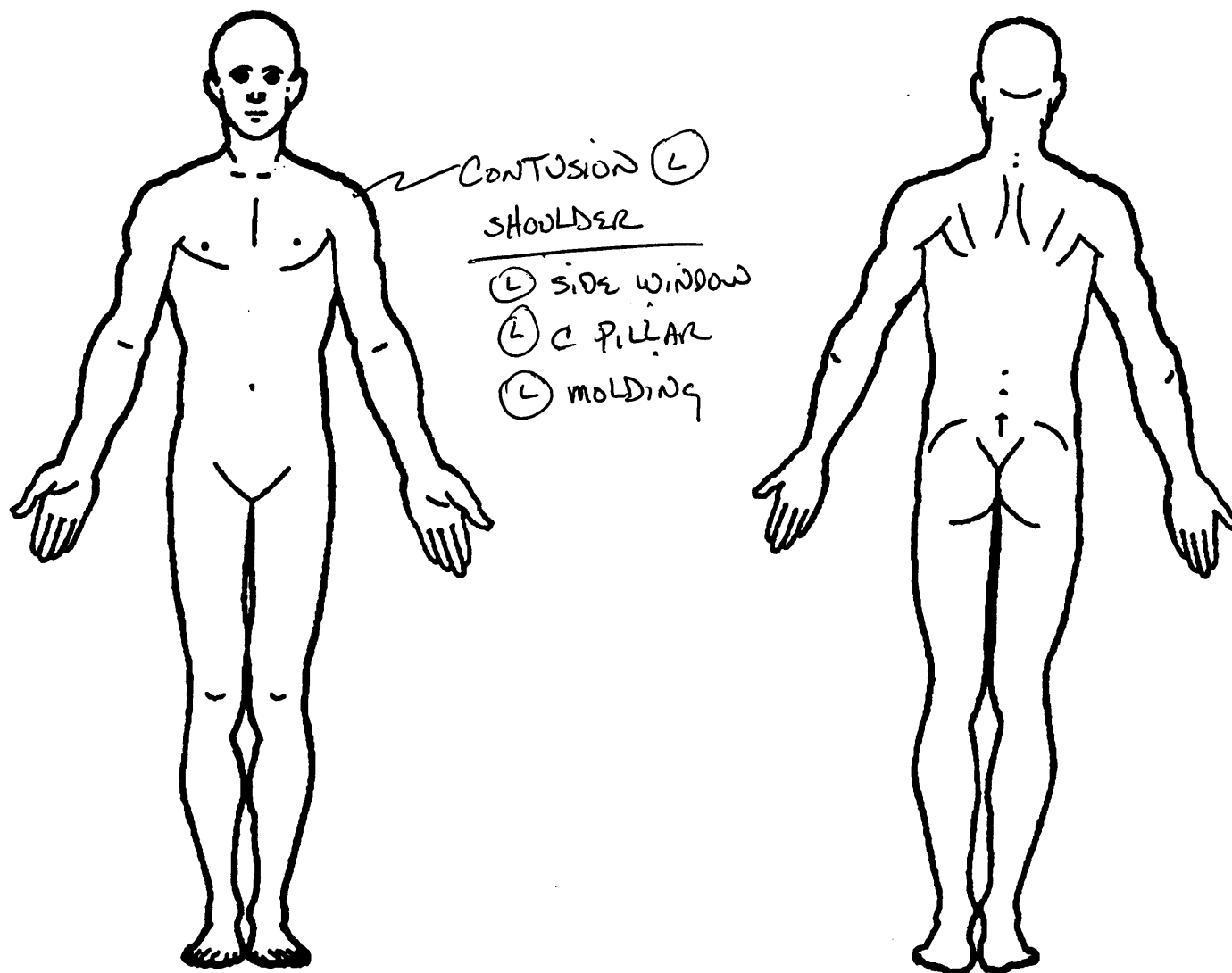
- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

BEST AVAILABLE

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

Restrained?

___ No
___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

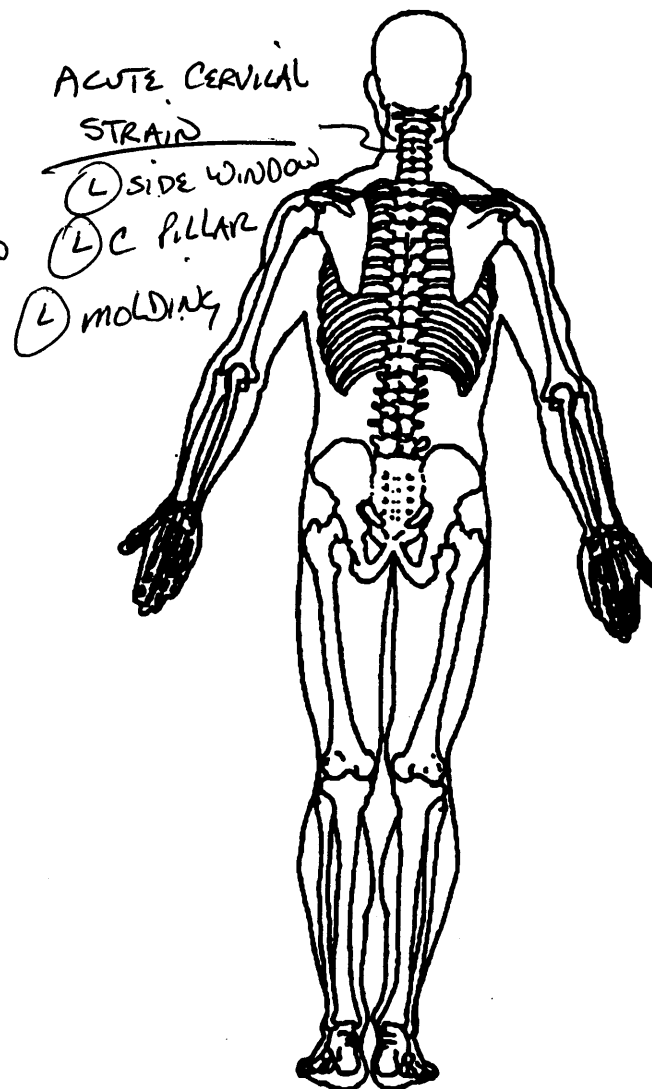
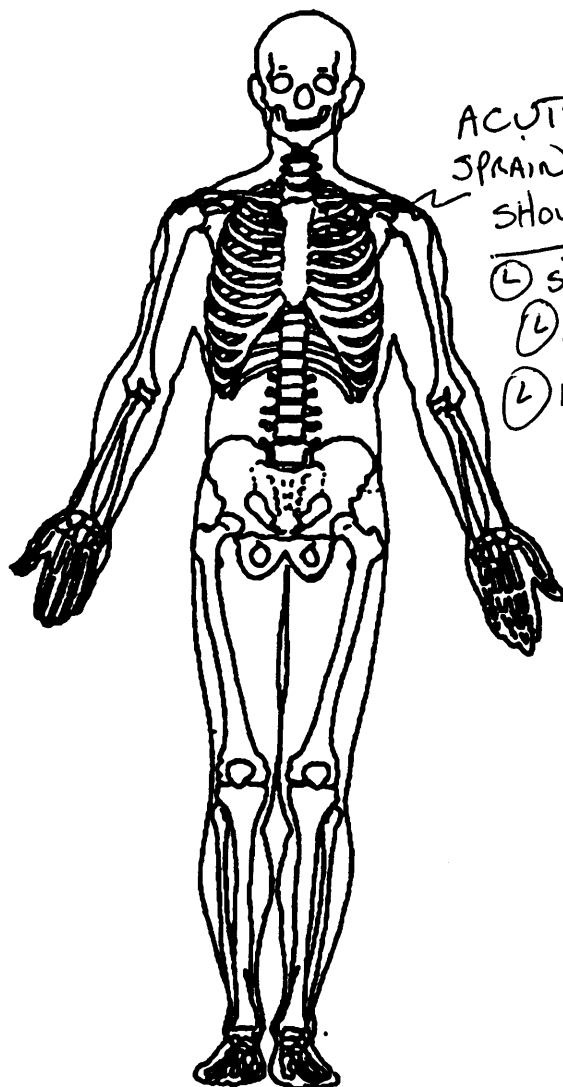
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



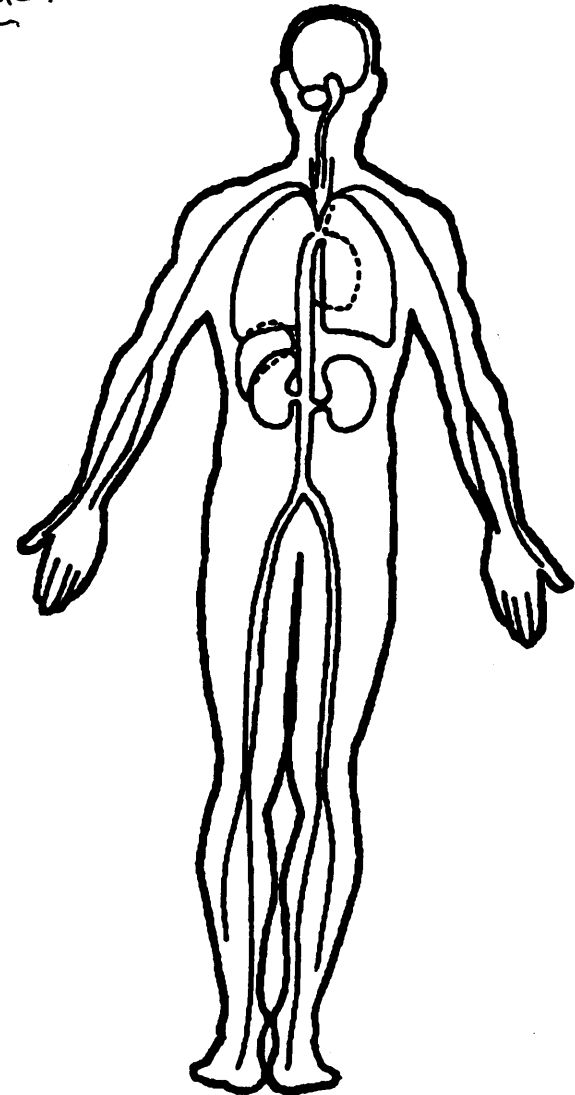
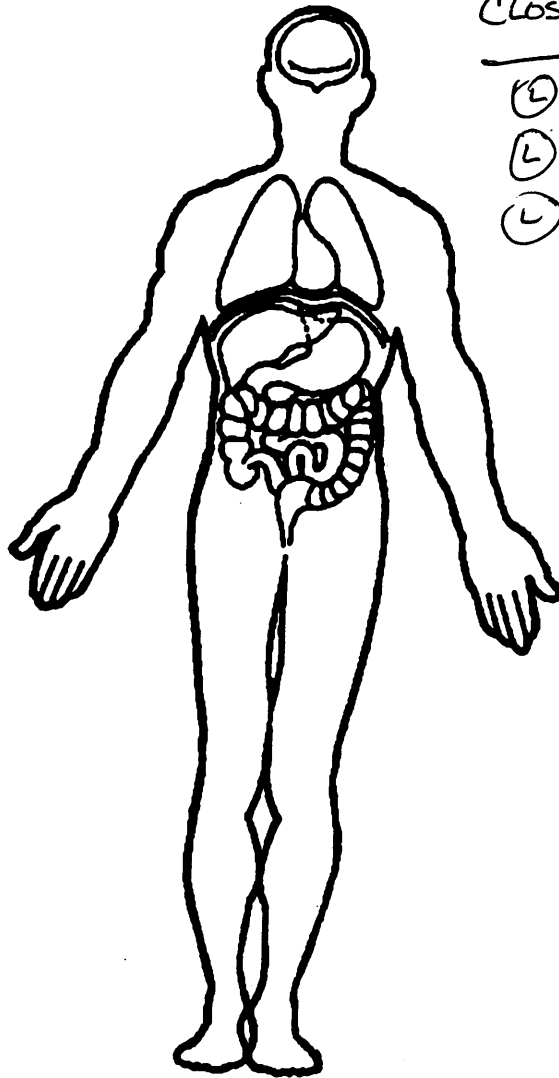
OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CLOSED HEAD INJURY

- ① SIDE WINDOW
- ② C PILLAR
- ③ MOLDING



National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-243. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95 ^{VIN INDICATES}
Code the last two digits of the model year
(99) Unknown5. Vehicle Make (specify): 24
SATURNApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown6. Vehicle Model (specify): 001
SLApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown7. Body Type 04
Note: Applicable codes may be found on
the back of this page.8. Vehicle Identification Number
168ZF52805ZXXXXXX
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown10. Police Reported Travel Speed 064Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown40 mph X 1.6093 = 064 kph

11. Police Reported Alcohol Presence

- (0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit 064
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown40 mph X 1.6093 = 064 kph14. Attempted Avoidance Maneuver 08
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown15. Accident Type 08
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

BEST AVAILABLE

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle

- (0) Driver not present
(1) Driver present
(9) Unknown

1

17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

01

18. Number of Occupant Forms Submitted

01

24. Rollover

- (0) No rollover (no overturning)

0*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight

_____ Code weight to nearest
10 kilograms.

- (045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

1060

2324 lbs X .4536 = 1054 kgs

Source: _____

20. Vehicle Cargo Weight

_____ Code weight to nearest
10 kilograms.

- (000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

990

_____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit

- (0) No towed unit
(1) Yes--towed trailing unit
(9) Unknown

0

22. Documentation of Trajectory Data for This Vehicle

- (0) No
(1) Yes

0

23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

0

- (9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

0

26. Rear Override/Underride (this Vehicle)

0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

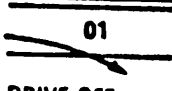
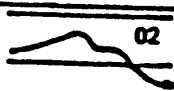
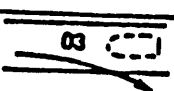
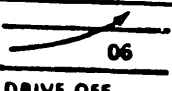
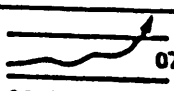
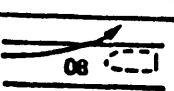
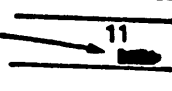
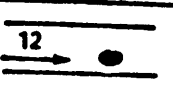
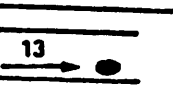
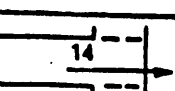
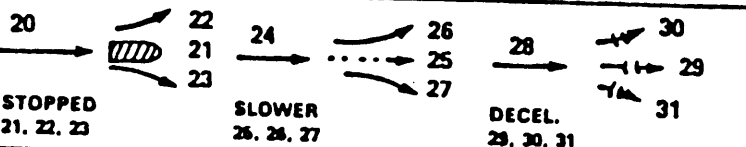
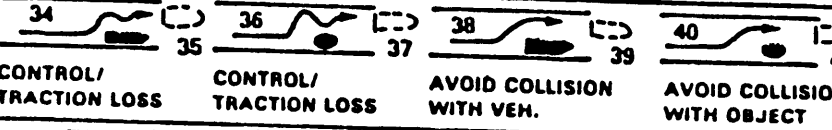
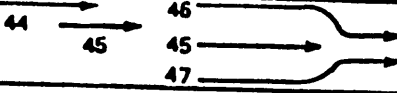
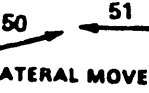
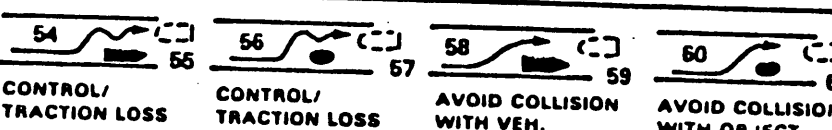

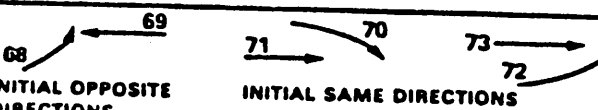
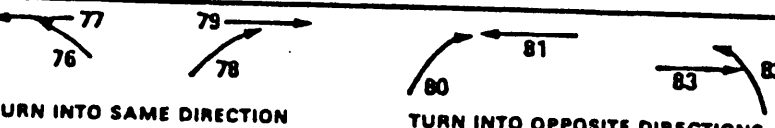

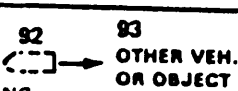
Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle

339

28. Heading Angle For Other Vehicle

270

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER
II. Same Trafficway Same Direction	D. Rear-End				(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact				(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle				(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On				(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact				(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle				(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path				(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path				(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths				(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.				98 Other Accident Type 99 Unknown Accident Type 00 No Impact	

29. Basis for Total Delta V (highest)

3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

4.59 54.59 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V

+ 4-393 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(__999) Unknown

32. Lateral Component of Delta V

Highest

+ 2-2.36 Nearest kph (highest)

____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(__999) Unknown

33. Energy Absorption

3.9 003885.1 Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

3

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

4

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

1

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence ☒

- (0) No other drug(s) present
 (1) Yes [other drug(s) present]
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ☒

- (0) No DEC process available or given
 (1) DEC process given, results known
 (2) DEC process given, results unknown
 (3) DEC process available, unknown if given
 (8) No driver present

39. Other Drug Specimen Test Type For Driver ☒

- (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

Codes For DEC Test Results

- (0) No DEC test given
 (1) Passed DEC test
 (2) Failed DEC test
 (3) DEC test given—results unknown
 (8) No driver present
 (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
 (1) Drug not found in specimen
 (2) Drug found in specimen
 (7) Specimen test given, results unknown or not obtained
 (8) No driver present
 (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
(8) Non-contact rollover forces (specify):
(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)**65. Critical Precrash Event**17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

φ

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

φ

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

φ

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 9

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 99

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 9

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 1

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): AIRBAG

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown _____

26. Seat Type (this Occupant Position)

99

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 9 9

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 9 9

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 9 9

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 9 9

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 9 941. 2nd Medically Reported Cause of Death 9 942. 3rd Medically Reported Cause of Death 9 9

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 9 9

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 9

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 9

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 9

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 9

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 9

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) +

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☒ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____

☐ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

BEST AVAILABLE

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score $\phi \phi$
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 $\phi \phi$
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 3
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

Identifying Title		DSI-95-SP-24		01		1 9 4	
Primary Sampling Unit		Case No.-Stratum		Accident Event Sequence No.		Date (Month, day, year) of Run	
OLDMISS Vehicle Identification							
Vehicle 1		1987		PLYMOUTH		VOYAGER (SE)	
Vehicle 2		1995		SATURN		SL	
		Year		Make		Model	
						02	
						NASS Veh. No.	
GENERAL INFORMATION							
VEHICLE 1				VEHICLE 2			
Size				Size			
4				3			
Weight				Weight			
2972 + 106 + 0 = 3658 LB				2324 + 159 + 0 = 3817 LB			
Curb Occupant(s) Cargo				Curb Occupant(s) Cargo			
Damaged Area of Vehicle				Damaged Area of Vehicle			
(F = Front, L = Left, R = Right, B = Back)				(F = Front, L = Left, R = Right, B = Back)			
L				F			
Vehicle 1				Vehicle 2			
Vehicle Heading Angles At Impact, in Degrees				Vehicle Heading Angles At Impact, in Degrees			
+ 27 0				+ 339 0			
Vehicle 1				Vehicle 2			
Stiffness Category for Vehicle				Stiffness Category for Vehicle			
7				3			
Vehicle 1				Vehicle 2			
DAMAGE INFORMATION							
For Which Vehicle Is The Damage Known				Crush Measurements			
1				Known Vehicle			
PDOF for Known Vehicle in Degrees (-180 to +180)				C ₁ 0 0 4 IN			
0 0 8 0				C ₂ 0 0 0 IN			
Damage Length (L) for Known Vehicle				C ₃ _____			
0 2 6 IN				C ₄ _____			
				C ₅ _____			
				C ₆ _____			
				C ₇ _____			
				Damage Midpoint Offset for Known Vehicle			
				D 0 0 7 3 IN			
				Estimated Damage Midpoint Offset for Unknown Vehicle			
				D 0 0 1 7 IN			

P. ✓
U.S.
MEAS.

SUMMARY OF OLDMISPC RESULTS

DSI-95-SP-24

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	2.97 (4.79)	-.52 (-.83)	2.93 (4.71)	280.00
VEH #2 (ESTIMATED)	2.85 (4.59)	-2.44 (-3.93)	-1.47 (-2.36)	31.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	1392.4 (1887.6)	6436.5 (28629.8)
VEH #2 (ESTIMATED)	2865.8 (3885.1)	10204.0 (45387.2)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)			VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)		
	IN	(CM)		IN	(CM)
L-----	26.0	66.0	L-----	27.1	68.8
C1-----	4.0	10.2	C1-----	.1	.3
C2-----	.0	.0	C2-----	.1	.3
D-----	-73.0	-185.4	D-----	-17.0	-43.2

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	4	SIZE-----	3
STIFFNESS--	4	STIFFNESS--	3
SIDE-----	L	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	339.0 DEG
WEIGHT----	3658.0 LBS (1659.0 KG)	WEIGHT----	3817.0 LBS (1731.1 KG)
MASS-----	9.467 LB-SEC**2/IN (106.96 NT-SEC**2/CM)	MASS-----	9.878 LB-SEC**2/IN (111.61 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2 (24135.4 CM**2)	GYRATION--	3324.0 IN**2 (21445.1 CM**2)

TRAFFIC CRASH REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS

DO NOT WRITE IN THIS SPACE
FILE COPY

BEST AVAILABLE

Date & Location	DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		MSMV CRASH REPORT NUMBER	
	COUNTY / CITY CODE		Foot or <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		CITY OR TOWN		(Check if in City or Town) COUNTY	
	AT NODE NO. or		FEET / MILES FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		ON STREET, ROAD OR HIGHWAY			
Scene	AT INTERSECTION OF		FEET / MILES		N S E W		OF INTERSECTION OF					
	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Driver	DRIVER 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER		STATE		POINT OF IMPACT CIRCLE AREA OF DAMAGE	
	3		94	SATURN	01	01					15 16 17 18 19 20 21 22	
	95 SL 4Dr.										18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer	
Vehicle	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE	
					40		40		\$ 350000		1 Disabling 2 Functional 3 No Damage	
											1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Person	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other		2	
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
Passenger	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH				74	
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative	DRIVER'S PHONE NO.		3 4 1	
Vehicle	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.		INJ. S. EQUIP. EJECT.	
Person	DRIVER 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER	
	3		87	PLYM	01	01					2P4FH4135HR	
	20		40	\$ 50000	1 Disabling 2 Functional 3 No Damage		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer		10	
Vehicle	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE	
					20		40		\$ 50000		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
											1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Person	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other		2	
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE					
Person	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH				54	
	DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	IF YES, Explain in Narrative	DRIVER'S PHONE NO.		12 13	
Vehicle	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.		INJ. S. EQUIP. EJECT.	

DRIVER 1 PERSON	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
VEHICLE TRAVELING ON AI Est. MPH Posted Speed EST VEHICLE DAMAGE 1 Destructive 2 Functional 3 No Damage EST TRAILER DAMAGE							
INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: 1 Tow Rotation List 3 Driver 2 Tow Owner's Request 4 Other							
OWNER'S FULL NAME (Check if Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE							
OWNER'S FULL NAME (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE							
DRIVER (Exactly as on Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRTH							
DRIVER LICENSE NUMBER STATE TYPE END. BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None RESULTS AL/DRUG PHYS. DEF. RES RACE SEX INJ. S. EQUIP. EJECT.							
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No PLACARDED 1 Yes 2 No RECOMMEND RE-EXAM 1 Yes 2 No IF YES, Explain in Narrative DRIVER'S PHONE NO.							
PASSENGER'S NAME (Additional on Continuation Page) CURRENT ADDRESS CITY & STATE / ZIP AGE LOC. INJ. S. EQUIP. EJECT.							
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT OWNER'S NAME ADDRESS CITY STATE ZIP							
PROPERTY DAMAGED - OTHER THAN VEHICLES EST. AMOUNT OWNER'S NAME ADDRESS CITY STATE ZIP							
CONTRIBUTING CAUSES - DRIVER / PED. VEHICLE DEFECT VEHICLE MOVEMENT VEHICLE SPECIAL FUNCTIONS							
CONTRIBUTING CAUSES - ROAD CONTRIBUTING CAUSES - ENVIRONMENT TRAFFIC CONTROL SITE LOCATION TRAFFICWAY CHARACTER							
VIOLATOR FL STATUTE NUMBER NAME CHARGE CITATION							

TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS.

☐ Check Only if Updated

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BEST AVAILABLE

DATE OF CRASH	TIME EMS NOTIFIED AM PM	TIME EMS ARRIVED AM PM	COUNTY/CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
---------------	-------------------------------	------------------------------	------------------	------------------------------	--------------------------

UNIT #1 TRAVELLING NORTH ON _____ IN THE NORTH-
BOUND LANE AT APPROX. 40 MPH, OBSERVED DANGER AND STRUCK
UNIT #2 WITH FRONT. UNIT #1 WAS DISPLACED APPROX 17 FT.
IN A NORTHWEST DIRECTION, TURNING COUNTER CLOCK WISE,
COMING TO REST AT POINTS LISTED IN DIAGRAM.

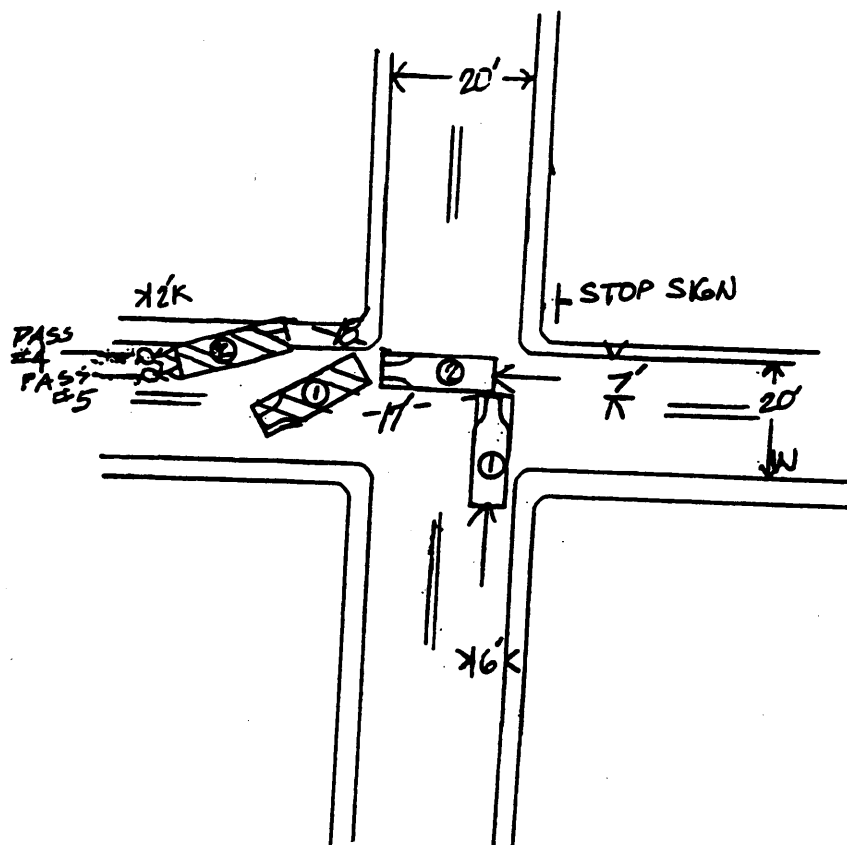
UNIT #2 TRAVELLING WEST ON _____ IN THE
WEST BOUND LANE, FAILED TO STOP FOR THE STOP SIGN AND
WAS STRUCK BY UNIT #1 ON THE SIDE. UNIT #2 WAS DISPLACED
APPROX. 18 FT. IN A NORTH WEST DIRECTION SPINNING COUNTER
CLOCK WISE COMING TO REST AT POINTS LISTED IN DIAGRAM.
DURING THE CRASH THE BACK HATCH FLEW OPEN AND PASS #4
AND #5 WERE EJECTED OUT THE BACK HATCH COMING TO REST
AT POINTS IN DIAGRAM.

FIRST AID GIVEN BY - NAME:	<input type="checkbox"/> 1 Physician or Nurse <input type="checkbox"/> 2 Paramedic or EMT	<input type="checkbox"/> 3 Police Officer <input type="checkbox"/> 4 Certified 1st Aider <input type="checkbox"/> 5 Other	INJURED TAKEN TO:	BY - NAME:
AS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Where?	IS INVESTIGATION COMPLETE? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Why?	DATE OF REPORT	PHOTOS TAKEN? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 3 Investigating Agency <input type="checkbox"/> 4 Other
INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	<input type="checkbox"/> 1 FHP <input type="checkbox"/> 2 SO <input checked="" type="checkbox"/> 3 CPD <input type="checkbox"/> 4 OTHER

DIAGRAM



**INDICATE NORTH
WITH ARROW**



NOT TO SCALE

FILE COPY

BEST AVAILABLE

COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER		VEH. LICENSE NUMBER		STATE	VEHICLE IDENTIFICATION NUMBER		
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other			
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		DRIVER'S PHONE NO.	
AGE		LOC.		INJ.		S. EQUIP. EJECT.	

COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER		VEH. LICENSE NUMBER		STATE	VEHICLE IDENTIFICATION NUMBER		
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other			
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		DRIVER'S PHONE NO.	
AGE		LOC.		INJ.		S. EQUIP. EJECT.	

INVESTIGATOR - RANK AND SIGNATURE		ID / BADGE NUMBER	DEPARTMENT

PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
2		\$					
3		\$					
4		\$					

CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol/Under Influence 08 Drugs/Under Influence 09 Alcohol & Drugs/Under Influence 10 Followed Too Closely 11 Deranged/Traffic Signal 12 Exceeded Safe Speed Limit 13 Deranged Stop Sign 14 Failed to Maintain Equip./Vehicle 15 Improper Parking 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driveways or Runways Veh. 77 All Other (Explain in Narrative)	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance	
		19 Improper Load 20 Deranged/Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 77 All Other (Explain)	LOCATION ON ROADWAY 1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone	PEDESTRIAN ACTION 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain) 88 Unknown			

Additional Passengers / Narrative

[illegible][illegible]

REGISTRATION MEDICAL RECORD
REGISTRATION DATE/TIME DISCHARGE TIME ADM. BY BIRTH DATE AGE SEX/RACE FC ARRIVAL MODE HOSPITAL ACCOUNT NO.
NAME AND ADDRESS NICKNAME RELATIVE

FOLLOW INSTRUCTIONS BELOW THAT ARE MARKED:

SUTURE AND WOUND CARE

- 1. Keep the dressing clean and dry. After 24 hours the dressing can be removed and suture line cleansed with peroxide (as bought in a drug store) and Q-tips. Do not apply antibiotic ointment to stitches.
- 2. Elevate the wound to relieve soreness and help speed wound healing.
- 3. Despite the greatest of care, any wound can become infected. If your wound becomes red, swollen, shows pus or red streaks or feels more sore as days go by, see your doctor immediately.
- 4. Call your doctor for an appointment for removal of sutures.

SPRAINS

- 1. SPRAINS - Stretching and tearing of ligaments about joints which results in weakening of the joint.
- 2. TREATMENT
 - a. Ice Bag (20 minutes out of each hour) for 48-72 hours; then try heat. If it worsens, go back to ice.
 - b. Immobilize with ace wraps or splints and elevate the injured part above the level of the heart.
 - c. Do not bear weight or use the extremity until told to do so by your physician.
 - d. Physician follow up is imperative to determine the severity of the sprain and the length of disability.
 - e. Pain Medications - Aspirin or acetaminophen (Tylenol or Datril) is adequate for most sprains.
- 3. COMPLICATIONS:
 - a. Tendency to recurrence - If your ligaments were stretched severely or heal incompletely.
- 4. WARNINGS:
 - a. Circulation - An ace wrap, splint or tape should lend firm support without restricting circulation. If toes or fingers become blue or tingle, the wrap is too tight. Remove the wrap and redress. An adult should check the circulation in small children at least every 2 hours and rewrap as necessary.
 - b. Fractures and complete ligament tears sometimes cannot be diagnosed at time of initial exam. Further x-rays may be required. See your physician for follow-up care and evaluation after leaving the Emergency Department.

HEAD INJURY INSTRUCTIONS

- 1. Avoid strenuous activities at least the next 24 hours.
- 2. Ice bag to head.
- 3. Light diet next 24 hours.
- 4. Arouse patient every 1-2 hours; for the next 24 hours.
- 5. Report to your doctor immediately if anything listed occurs (even within several months):
 - Unable to arouse patient
 - Persistent vomiting, stiff neck, fever or headache
 - Unequal pupils (one large, one small pupil)
 - Confusion or unusual drowsiness
 - Stumbling or other problem with normal use of arms or legs; or areas of skin numbness
 - Visual difficulties
 - Bleeding or drainage from ears or nose

SICK CHILDREN

GENERAL INFORMATION

A specific cause for fever, vomiting or diarrhea frequently cannot be found. The illness may last a day or two. These symptoms may also be side effects of an ear infection or other seemingly unrelated condition.

FEVER

Acetaminophen (Tylenol) on a 4-hour basis will usually control fever. The following are recommended dosages:

TYLENOL									
Age Group	0-3 mos	4-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs	11-12 yrs	
Weight (lbs.)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	
Dose of Tylenol in milligrams	40	60	120	160	240	320	400	480	
SYRUPS (80 mg/0.8 ml) dropperfuls	1/2	1	1 1/2	2	3	4	5	-	
SLUR (160 mg/5ml) teaspoonful	-	1/2	3/4	1	1 1/2	2	2 1/2	3	
CHEWABLE TABLETS (80 mg each)	-	-	1 1/2	2	3	4	5	6	

Give Tylenol every 4 hours any time the fever is over 101° rectally. If the fever is above 104° rectally, the child should be sponged with water that is slightly cold to touch. Alcohol sponging should be avoided.

VOMITING AND DIARRHEA

Most cases of vomiting and diarrhea respond to elimination of milk and solids from the diet and limiting intake to clear liquids - Gatorade, Jello water, flat Coke, etc. for up to 24 hours. Give small amounts of liquid (1/2 to 1 oz.) every 15 minutes and continue for 6 hours. If vomiting has ceased, try larger amounts every few hours. Do not give solid foods or milk until at least 12 hours after vomiting has ceased. A child's buttocks need special care. Gently and thoroughly wash the bottom with plain water after each diarrhea. Cover bottom with Vaseline, Desitin Ointment or baby powder.

If fever, vomiting and/or diarrhea persists greater than 12-18 hours after this emergency visit, or your child's lips and mouth become dry or his urination decreases (children should void at least every 6-8 hours), the child must be reexamined, preferably by the physician you were referred to or return to the Emergency Department.

BURNS

CLASSIFICATION

Burns are classified as to their DEGREE (severity) and as to their EXTENT (percentage of the body surface they cover).
FIRST DEGREE - Redness without blistering; a superficial burn involving the top layer of the skin.
SECOND DEGREE - Blistering; slightly deeper but not full skin thickness.
THIRD DEGREE - Involves the full thickness of the skin. This burn is PAINLESS and SKIN GRAFTS are required except for small patches.

FOLLOW-UP CARE

- a. Careful follow-up of all burns is imperative to prevent complications. CALL YOUR SURGEON OR FAMILY PHYSICIAN upon leaving the Emergency Department for an appointment within 48 hours.
- b. IF YOUR BURN WAS LEFT OPEN - Wash it three times daily with bland soap or BETADINE surgical soap (nonprescription).
- c. IF YOUR BURN WAS DRESSED - Leave the dressing intact and see your physician within 48 hours.
- d. Take pain pills only if needed and as prescribed.
- e. If antibiotic pills are prescribed, take them faithfully.
- f. Call your physician if you have a dressing and it gets WET.
- g. Call your physician or return to the Emergency Department for UNDEE PAIN, FEVER OR RED STREAKS around the burn.

TETANUS "LOCK-JAW" IMMUNIZATION

TETANUS IMMUNIZATION CONSISTS OF THE FOLLOWING:

- 1. Primary Immunization - 3 injections of 0.5 ml. tetanus Toxoid each given 4-6 week intervals. A 4th dose of 0.5 ml. given approximately 1 year after the 3rd injection.
 - 2. Booster Dose - Every 5 years after primary immunization as listed above.
- Most children receive their primary immunization when they are infants as part of their "baby shots", however, there are some adults who never received their primary immunization as a child. If you are one of these individuals, you have received your initial injection and must receive another 0.5 ml. of Tetanus Toxoid in 4-6 weeks, a 3rd dose 4-6 weeks later and a 4th dose 1 year after the 3rd injection. From then on you must receive an immunization every 5 years for adequate prophylaxis against Tetanus.

Please contact your private physician to arrange for these injections.

BEST AVAILABLE

UNDERSTAND THAT THE EMERGENCY CARE WHICH I HAVE RECEIVED IS NOT INTENDED TO BE MEDICAL AND DEFINITIVE MEDICAL CARE AND TREATMENT. I ACKNOWLEDGE THAT I HAVE BEEN INSTRUCTED TO CONTACT THE FOLLOWING PHYSICIAN IMMEDIATELY FOR CONTINUED AND COMPLETE MEDICAL DIAGNOSIS, CARE AND TREATMENT. EKG'S AND X-RAYS WILL BE RE-WEIGHT APPROPRIATE SPECIALISTS AND I, THE PATIENT WILL BE NOTIFIED OF SIGNIFICANT DISCREPANCIES.
SPECIAL INSTRUCTIONS: [X] Head sheet [] Sick Child [] Suture Care [] Sprain [] Back Injury [] Burns [] Hepatitis [] Tetanus
ADDRESS: PHONE:
LOCAL ADDRESS: LOCAL PHONE:

PATIENT

Patient Name :**Arrival Date/Time:**

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

FACIAL & SCALP CONTUSIONS

Your evaluation indicates you have a contusion (deep bruise) around the face or scalp. Injuries around the face and head cause a lot of swelling, especially around the eyes. This is because the blood supply to this area is so good. Usually the swelling from a contusion will be better in 2-3 days, but it takes 7-10 days for a "black eye" to clear up.

You should apply ice packs to the injured area for about 20-30 minutes every 2-3 hours until the swelling improves. Use mild pain medicine as needed. Please call or return here right away if you have:

- Severe pain or headache, unrelieved by mild pain medicine.
- Unusual sleepiness, confusion, personality changes, vomiting.
- Persistent nosebleed, double or blurred vision, or drainage from the nose or ear.

You may have a mild headache, slight dizziness, nausea, and weakness for a few days. This usually clears up with bed rest and mild pain medicine. Contact your doctor if you are concerned about facial deformity or have any difficulty with your bite.

FEVER

Your child has a fever (a temperature over 100 F or 37.8 C). Mild fevers are not harmful, but temperatures over 104 F (40 C) can cause dehydration and fussiness. Here are some very useful points that can help you make your child more comfortable and keep the fever down:

- Do not bundle your child up in heavy clothing or blankets. Use light clothing and bedding to help your child stay cool.
- Give plenty of extra fluids (water, sodas, popsicles) to prevent dehydration. Your child should drink enough to urinate every 6 hours.
- Use acetaminophen (Tylenol, Panadol, Liquiprin) or ibuprofen every four hours to relieve discomfort and keep the temperature down.
- Check your child's temperature every 4 hours. For babies use a rectal thermometer. Be sure to shake the thermometer down before you use it and wash it in cool soapy water to clean it.
- If you are unable to control the fever with the above measures, sponge or bathe your child in lukewarm water for 20 minutes. Never use cold water or alcohol to sponge a feverish child.

Please call your doctor if the fever has not dropped in 2 days. Be sure to have your child checked by a doctor right away if your child has any of these symptoms: seizures, delirium, repeated vomiting, dehydration or difficulty breathing.

HEAD INJURY

You have suffered a minor head injury. You do not need to stay in the hospital any longer, but you should have someone with you to check your condition every few hours for the next 24 hours. You may go to sleep, but someone should wake you up several times during the night to make sure you know who and where you are, and that you are able to talk and move around normally. You should see your doctor or return to the Emergency Center at once if any of the following symptoms develop over the next few days:

- Severe headaches not helped by pain medicine.
- Vomiting more than 2-3 times.
- Mental confusion, restlessness, or personality changes.
- Increasing weakness, sleepiness, blackouts, or seizures.
- Loss of balance or trouble with movement or coordination.
- A clear or bloody drainage from the nose or ear.

Head injuries may cause a moderate headache, weakness, dizziness, nausea, and depression for up to a week or more after the injury. This post-injury state usually gets better with bed rest and mild pain medicine. If any of these symptoms last for more than a week, you will need further medical attention. Please call the Emergency Center or your doctor if you have any questions or concerns about your head injury.

ACETAMINOPHEN

Your doctor recommends acetaminophen (Tylenol, Datril, Tempra, Liquiprin) to treat your present problem. This medicine is given for fever control and to relieve mild pain. Acetaminophen comes in both liquid and tablet form. Be sure to check the label for the dose. Every 4 hours you should give:

- Infants - 40-80 mg
- Toddlers - 120-160 mg
- School-age children - 240-400 mg
- Adults - 500-1,000 mg

Acetaminophen drops have 80 mg/dropperful, the elixir has 160 mg/teaspoon) Children up to 12 years old should not take this medicine for more than 5 days in a row. Adults should limit use to 10 consecutive days.

Please do not drink alcoholic beverages while you are taking this medicine because this can increase the risk of liver damage. Contact your doctor if your medicine is not helpful with your problem, or you are worried about side effects.

FOLLOW-UP CARE:

Your physician today has been

For your follow-up care, you may return here or see your own doctor.

You have been referred to:

Please make an appointment for further treatment as needed. To avoid any delay in your follow-up care, be sure to tell your referral doctor that we have referred you. bring aftercare instructions and medicines to the office. if you do not continue to improve or if your condition worsens, please call your doctor or return to the right away for further evaluation.

Additional Instructions:

(OCCUPANT 05) BEST AVAILABLE

LINK	OFFICE SERVICES	CPT	MOD	AMOUNT	LINK	PROCEDURES	CPT	MOD	AMOUNT	LINK	INJECTIONS/IMMUNIZATIONS	CPT	MOD	AMOUNT
	<input type="checkbox"/> New Patient Standard	99201				<input type="checkbox"/> Aerosol Nebulization	94050				<input type="checkbox"/> Allergy-Sol Ant	95120		
	<input type="checkbox"/> New Patient Limited	99202				<input type="checkbox"/> Anoscopy	46800				<input type="checkbox"/> Allergy-MN Ant	95125		
	<input type="checkbox"/> New Patient Intermediate	99203				<input type="checkbox"/> Audiometry	92552				<input type="checkbox"/> Benadryl	J1200		
	<input checked="" type="checkbox"/> New Patient Extended	99204		85		<input type="checkbox"/> Burn - Dress/Chg	18020*				<input type="checkbox"/> Bicillin 1ml	J0840		
	<input type="checkbox"/> New Patient Comprehensive	99205				<input type="checkbox"/> Burn - Intl Treatment	18000				<input type="checkbox"/> Decadron	J1100		
	<input type="checkbox"/> Est. Patient Standard	99211				<input type="checkbox"/> Cold Therapy	97010				<input type="checkbox"/> Depo Medrol	J1030		
	<input type="checkbox"/> Est. Patient Limited	99212				<input type="checkbox"/> Cryotherapy 1st Lesion	17100*				<input type="checkbox"/> DPT	90701		
	<input type="checkbox"/> Est. Patient Intermediate	99213				<input type="checkbox"/> 2nd-3rd Lesion	17101				<input type="checkbox"/> Epinephrine	J0170		
	<input type="checkbox"/> Est. Patient Extended	99214				<input type="checkbox"/> Ear-Or Abscess	69000*				<input type="checkbox"/> Estradiol	J1410		
	<input type="checkbox"/> Est. Patient Comprehensive	99215				<input type="checkbox"/> Ear-Biopsy	69100				<input type="checkbox"/> Flu Vaccine	90724		
	<input type="checkbox"/> New Patient OV w/surg proc	99025*				<input type="checkbox"/> Ear Lavage	69210				<input type="checkbox"/> Hib	90737		
	<input type="checkbox"/> Emergency OV	99058				<input type="checkbox"/> Eye-PB Remvl	65205*				<input type="checkbox"/> Imitrex	W1955		
	LABORATORY					<input type="checkbox"/> Eye-Rmvl Embd	65210*				<input type="checkbox"/> IV Therapy	90784		
	<input type="checkbox"/> Anemia Profile					<input type="checkbox"/> Exc. Benign Lesion					<input type="checkbox"/> Kenalog	J3301		
	<input type="checkbox"/> Arthritis Profile	80072				Exc. Trunk, Arms, legs 5cm or less	11400				<input type="checkbox"/> MMR	90707		
	<input type="checkbox"/> CBC	85025				1.1-2cm	11402				<input type="checkbox"/> Nubain, I.M.	90782		
	<input type="checkbox"/> Chem. Profile	80019				Exc. Scalp, Neck, Foot 5cm or less	11420				<input type="checkbox"/> Oral Polio Vac	90712		
	<input type="checkbox"/> Cholesterol w/HDL	83718				1.1-2cm	11422				<input type="checkbox"/> Pneumonia Vac	90732		
	<input type="checkbox"/> Coronary Risk					Exc. Face, Ears, Nose 5cm or less	11440				<input type="checkbox"/> Rocephin	J0696		
	<input type="checkbox"/> Dioxin	80162				1.1 to 2cm	11442				<input type="checkbox"/> TB Tine	86585		
	<input type="checkbox"/> Drug Screen Mlt.	80100				<input type="checkbox"/> EKG w/Intpr	93000				<input type="checkbox"/> Tetanus	90703		
	<input type="checkbox"/> Ferritin Level	83565				<input type="checkbox"/> Exc-Inguin Toenail	11750				<input type="checkbox"/> Tetramune	J3490		
	<input type="checkbox"/> Glucose	82947				<input type="checkbox"/> Flex Sigmoid	45330				<input type="checkbox"/> Toradol	J1885		
	<input type="checkbox"/> Health Profile	80050				<input type="checkbox"/> Flex Sigmoid w/Biopsy	45331				<input type="checkbox"/> Vistaral	J3410		
	<input type="checkbox"/> Hematocrit	85014				<input type="checkbox"/> Flex Sigmoid w/Polyp	45333				<input type="checkbox"/> Vitamin B-12	J3420		
	<input type="checkbox"/> Hemocult	82270				<input type="checkbox"/> Holter Monitor - 24 Hour	93224				<input type="checkbox"/> Xylocaine	J2000		
	<input type="checkbox"/> Hemoglobin	85018				<input type="checkbox"/> I&D Abscess/Cyst	10060*							
	<input type="checkbox"/> Hepatitis Profile	80059				<input type="checkbox"/> I&D Forgn Bdy	10120*							
	<input type="checkbox"/> Hepatitis ABC					<input type="checkbox"/> Kinetic Therapy (1 area)	97530				X-RAYS			
	<input type="checkbox"/> HIV	86311				<input type="checkbox"/> Kinetic Therapy (2 or more)	97531				<input type="checkbox"/> Abdominal Series	74020		
	<input type="checkbox"/> Mono	86308				<input type="checkbox"/> Lacer. Rep. 2.5cm or less	12041*				<input type="checkbox"/> Cervical Spine	72050		
	<input type="checkbox"/> Pap -	88151				2.6-7.5cm	12042				<input type="checkbox"/> Chest PA	71010		
	<input type="checkbox"/> PSA	86316				<input type="checkbox"/> Nose-Biopsy	30100				<input type="checkbox"/> Chest 2 views	71020		
	<input type="checkbox"/> Pregnancy Test/Urine	81025				<input type="checkbox"/> Nose-Cil Hemrh	30901*				<input type="checkbox"/> Foot	73630		
	<input type="checkbox"/> Pregnancy Test/Blood	84703				<input type="checkbox"/> Proctosigmoidoscopy/Rigid	45300				<input type="checkbox"/> Hand	73130		
	<input type="checkbox"/> Protime	85610				<input type="checkbox"/> Pulm. Frct w/o Bronc	94010				<input type="checkbox"/> Hip	73510		
	<input type="checkbox"/> PTT	85730				<input type="checkbox"/> Pulmonary Frct w/Bronc	94060				<input checked="" type="checkbox"/> Humerus (2)	73060		2D50
	<input type="checkbox"/> Sed Rate	85651				<input type="checkbox"/> Skin Biopsy	11100				<input checked="" type="checkbox"/> Knee (2) (3)	73562		2D65
	<input type="checkbox"/> Stool Culture	87045				<input type="checkbox"/> Skin Tag Removal	11200*				<input type="checkbox"/> Lumbo/Sacro	72110		
	<input type="checkbox"/> Strep Screen	87082				<input type="checkbox"/> Sub Hematoma	11740				<input type="checkbox"/> Ribs	71100		
	<input type="checkbox"/> Thyroid Profile	80091				<input type="checkbox"/> Wart Removal	17110*				<input type="checkbox"/> Shoulder	73030		
	<input checked="" type="checkbox"/> Urinalysis	81000		15		<input type="checkbox"/>					<input type="checkbox"/> Sinus	70220		
	Urine Culture	87088				SUPPLIES					<input type="checkbox"/> Thoracic Spine	72070		
	Urine Sensitivity	87184				<input type="checkbox"/> Supplies: Specify	99070				<input type="checkbox"/> Tibia/Fibula	73590		
	Venipuncture	G0001				<input type="checkbox"/> Surgical Tray	A4550				<input type="checkbox"/> Wrist (Ap & Lat)	73100		
						<input type="checkbox"/>					<input type="checkbox"/>			
											<input type="checkbox"/>			
											<input type="checkbox"/>			

TIME 'S:

MODIFIER KEY:

- 22 Unusual Service
- T.C. Technical Component
- Z.D. Global Service (T.C. +26)
- 52 Reduced Service

METHOD OF PAYMENT:

- ☐ Cash ☐ VISA
☐ Check ☐ MasterCard

TIME		PATIENT		REASON		PRIOR BALANCE		<input type="checkbox"/> Check <input type="checkbox"/> MasterCard	
				NEW / AUTO		PAID 0.00 INS 0.00		DIAGNOSIS: (No. 1 Must Be Primary) 1. <i>closed Head Injury</i> 2. <i>acute Cerv Strain</i> 3. <i>" L-5 Strain</i> 4. <i>Concussion C Shoulder</i> 5. (Link to CPT & HCPCS Code)	
DR. #		LOCATION		TODAY'S CHARGE		ADJUSTMENTS		PATIENT TO RETURN Days <i>7</i> Weeks <i>4</i> Months <i>1</i>	
RESPONSIBLE PARTY		REFERRING DR.		215.00 40.00 175.00		I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.			
ADDRESS		CITY/STATE		CODE		BALANCE DUE		Patient Signature _____	
R 90		OVER 90		OVER 30		CURRENT		TOTAL DUE	
.00		.00		.00		.00		.00	
NCE		BA SCT		POLICY I.D.		RELATIONSHIP TO INSURED		SELF SPOUSE CHILD OTHER	
								DOCTOR'S SIGNATURE X _____	

BEST AVAILABLE

ME TS:

- 22 Unusual Service
- T.C. Technical Component
- Z.D. Global Service (T.C. +26)
- 52 Reduced Service

☐ Cash ☐ VISA
☐ Check ☐ MasterCard

TIME		PATIENT		REASON		PRIOR BALANCE		<input type="checkbox"/> Check <input type="checkbox"/> MasterCard	
				NEW / AUTO		PAT 0.00 INS 0.00		DIAGNOSIS: (No. 1 Must Be Primary) 1. <i>closed head injury</i> 2. <i>acute cere strain</i> 3. <i>" L-5 strain</i> 4. <i>contusion G shoulder</i> 5. (Link to CPT & HCPCS Code)	
DR. #		DOCTOR		LOCATION		TODAY'S CHARGE			
						215.00			
RESPONSIBLE PARTY				SUSCRIBING DR.		ADJUSTMENTS		PATIENT TO RETURN Days <i>10</i> Weeks <i>4</i> Months <i>1</i>	
ADDRESS		CITY/STATE		CODE				I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.	
IR 90	OVER 90	OVER 30	CURRENT	TOTAL DUE	10	1	PT	BC	PAY CHOICE
0.00	0.00	0.00	0.00	0.00					
BA		SCT		POLICY I.D.		RELATIONSHIP TO INSURED		BALANCE DUE 40.00 115.00	
						S P O U S E C H I L D O T H E R		Patient Signature DOCTOR'S SIGNATURE	